

CLAIM NO. 194

UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF NEW YORK

Name of Debtor:
Dowling CollegeCase No.
16-75545

* P - DCO - POC / 1 *

Your Claim is Scheduled As Follows:

IF YOU HAVE SUBMITTED THIS PROOF OF CLAIM FORM ELECTRONICALLY, YOU DO NOT NEED TO SUBMIT THIS FORM. PLEASE RETAIN A COPY FOR YOUR RECORDS.

If an amount is identified above, you have a claim scheduled by the Debtor. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.

Proof of Claim

Official Form 410

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571

This chapter 11 case was commenced in the United States Bankruptcy Court for the Eastern District of NY, on November 29, 2016 (the "Petition Date.") Fill in all the information for the claim as of the Petition Date.

Part 1: Identify the Claim

1. Who is the current creditor?	ALLAN B. MENDELSON CH 7 TT- HAMPTON TRA Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	4 No Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? ALLAN B. MENDELSON CH 7 TT- HAMPTON TRA Name 38 NEW STREET Number Street HUNTINGTON, NY 11743 City State ZIP Code Contact phone (631) 923-1625 Contact email AMENDELSON@AMENDELSONLAW.COM	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	4 No Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM/DD/YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	4 No Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6.	Do you have any number you use to identify the debtor?	4 No	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7.	How much is the claim?	\$ 27,760.00	Does this amount include interest or other charges? 4 No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. Services Performed	
9.	Is all or part of the claim secured?	4 No	Yes. The claim is secured by a lien on property. Nature of property: Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . Motor vehicle Other. Describe: _____ Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded). Value of property: \$ _____ Amount of the claim that is secured: \$ 0.00 Amount of the claim that is unsecured: \$ 27,760.00 (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ Fixed Variable
10.	Is this claim based on a lease?	4 No	Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11.	Is this claim subject to a right of setoff?	4 No	Yes. Identify the property: _____
12.	Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	4 No	<div style="display: flex; justify-content: space-between;"><div style="width: 70%;">Yes. <i>Check all that apply:</i> A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority. Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.</div><div style="width: 25%; text-align: right;">Amount entitled to priority \$ _____ \$ _____ \$ _____ \$ _____ \$ _____</div></div>

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files fraudulent claim could be fined up to \$500,000 imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 02/15/2017
MM / DD / YYYY

Allan B Mendelsohn

Signature

Print the name of the person who is completing and signing this claim:

Name Allan B Mendelsohn
First name Middle name Last name

Title BK Trustee of Hampton Transportation Venture

Company _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 38 New Street
Number Street

HUNTINGTON, NY 11743

City State ZIP Code

Contact phone (631) 923-1625 Email amendelsohn@amendelsohnlaw.com

IF SUBMITTING A HARD COPY OF A PROOF OF CLAIM FORM, PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** DOWLING COLLEGE CASE ADMINISTRATION, C/O GCG, P.O. BOX 10342, DUBLIN, OHIO 43017-5542. **IF BY HAND OR OVERNIGHT COURIER:** DOWLING COLLEGE CASE ADMINISTRATION, C/O GCG, 5151 BLAZER PARKWAY, SUITE A, DUBLIN, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

IF YOU ARE SUBMITTING YOUR PROOF OF CLAIM ELECTRONICALLY, YOU WILL RECEIVE AN EMAIL CONFIRMATION OF YOUR CLAIM SUBMISSION. YOU WILL ALSO BE PROVIDED WITH AN ELECTRONICALLY DATE STAMPED PDF OF YOUR CLAIM. YOU MAY PRINT AND RETAIN A COPY OF THIS DOCUMENT FOR YOUR RECORDS.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS MARCH 10, 2017 AT 5:00 P.M. (PREVAILING EASTERN TIME)
THE GOVERNMENTAL BAR DATE IS MAY 30, 2017 AT 5:00 P.M. (PREVAILING EASTERN TIME)

Official Form 41

Instructions for Proof of Claim

United States Bankruptcy Court

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, Garden City Group, LLC ("GCG"), are not authorized and are not providing you with any legal advice.

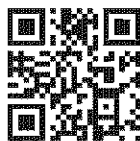
A person who files a fraudulent claim could be fined up to \$500,000 imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157 and 3571.

How to fill out this form

- Fill in all the information for the claim as of the Petition Date.
- If the claim has been acquired from someone else, then state the identity of the last party who owned the claim or was the holder of the claim and who transferred it to you before the initial claim was filed.
- Attach any supporting documents to this form.
Attach redacted copies of any documents that show that the debt exists, a lien secures the debt, or both. (See the definition of *Redaction* of information in the section below.)
Also attach redacted copies of any documents that show perfection of any security interest or any assignments or transfers of the debt. In addition to the documents, a summary may be added. Federal Rule of Bankruptcy Procedure (called "Bankruptcy Rule") 3001(c) and (d).
- Do not attach original documents because attachments may be destroyed after scanning.
- If the claim is based on delivering health care goods or services, do not disclose confidential health care information. Leave out or redact confidential information both in the claim and in the attached documents.
- A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, individual's tax identification number, or financial account number, and only the year of any person's date of birth. See Bankruptcy Rule 9037.
- For a minor child, fill in only the child's initials and the full name and address of the child's parent or guardian. For example, write A.B., a minor child (John Doe, parent, 123 Main St., City, State). See Bankruptcy Rule 9037.

Confirmation that the claim has been filed

To receive confirmation that the claim has been filed, enclose a stamped self-addressed envelope and a copy of this form. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed. You will also be able to view the details of your claim and the first page of your *Proof of Claim* form on the claims register hosted on the case administration website, www.gardencitygroup.com/cases/dco.



Understand the terms used in this form

Administrative expense: Generally, an expense that arises after a bankruptcy case is filed in connection with operating, liquidating, or distributing the bankruptcy estate. 11 U.S.C. § 503.

Claim: A creditor's right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (5). A claim may be secured or unsecured.

Creditor: A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (10).

Debtor: A person, corporation, or other entity who is in bankruptcy. Use the debtor's name and case number as shown in the bankruptcy notice you received. 11 U.S.C. § 101 (13).

Evidence of perfection: Evidence of perfection of a security interest may include documents showing that a security interest has been filed or recorded, such as a mortgage, lien, certificate of title, or financing statement.

Information that is entitled to privacy: A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth. If a claim is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. You may later be required to give more information if the trustee or someone else in interest objects to the claim.

Priority claim: A claim within a category of unsecured claims that is entitled to priority under 11 U.S.C. § 507(a). These claims are paid from the available money or property in a bankruptcy case before other unsecured claims are paid. Common priority unsecured claims include alimony, child support, taxes, and certain unpaid wages.

Proof of claim: A form used by the creditor to indicate the amount of the debt owed by the Debtor on the date of the bankruptcy filing. The creditor must file the form with GCG as described in the instructions above and in the Bar Date Notice.

Redaction of information: *Masking, editing out, or deleting certain information to protect privacy. Filers must redact or leave out information entitled to privacy on the Proof of Claim form and any attached documents.*

Secured claim under 11 U.S.C. § 506(a): A claim backed by a lien on particular property of the debtor. A claim is secured to the extent that a creditor has the right to be paid from the property before other creditors are paid. The amount of a secured claim usually cannot be more than the value of the particular property on which the creditor has a lien. Any amount owed to a creditor that is more than the value of the property normally may be an unsecured claim. But exceptions exist; for example, see 11 U.S.C. § 1322(b) and the final sentence of 1325(a).

Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment may be a lien.

Setoff: Occurs when a creditor pays itself with money belonging to the debtor that it is holding, or by canceling a debt it owes to the debtor.

Uniform claim identifier: An optional 24-character identifier that some creditors use to facilitate electronic payment.

Unsecured claim: A claim that does not meet the requirements of a secured claim. A claim may be unsecured in part to the extent that the amount of the claim is more than the value of the property on which a creditor has a lien.

Display of Proof of Claim on Case Administration Website: As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

Offers to purchase a claim

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the debtor. A creditor has no obligation to sell its claim. However, if a creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) that apply, and any orders of the bankruptcy court that apply.

Do not file these instructions with your form

Fill in this information to identify the case:

Debtor 1 Dowling College

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the Eastern District of New York

Case number 16-75545-REG

Official Form 410**Proof of Claim**

12/15

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Allan B. Mendelsohn, Chapter 7 Trustee of Hampton Transportation Ventures, Inc.</u> Name of the current creditor (the person or entity to be paid for this claim)		
	Other names the creditor used with the debtor _____		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Allan B. Mendelsohn, LLP</u> Name <u>38 New Street</u> Number Street <u>Huntington NY 11743</u> City State ZIP Code Contact phone <u>631-923-1625</u> Contact email _____		Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____			
4. Does this claim amount already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____		Filed on _____ MM / DD / YYYY
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

Part 2:**Give Information About the Claim as of the Date the Case Was Filed**

8. Do you have any number you use to identify the debtor? ☒ No
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ 27,760.00. Does this amount include interest or other charges?
☒ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
 Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
 Limit disclosing information that is entitled to privacy, such as health care information.
Services Performed

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.
 Nature of property:
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☐ Other. Describe: _____
 Basis for perfection: _____
 Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
 Value of property: \$ _____
 Amount of the claim that is secured: \$ _____
 Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
 Amount necessary to cure any default as of the date of the petition: \$ _____
 Annual interest rate (when case was filed) _____ %
☐ Fixed
☐ Variable

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check all that apply:

Amount entitled to priority

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

☐ Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/18 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3:

Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date

2/14/17
MM / DD / YYYY

Signature

Print the name of the person who is completing and signing this claim:

Name Allan B. Mendelsohn

First name Middle name Last name

Title Chapter 7 Trustee of Hampton Transportation Ventures

Company

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 38 New Street

Number Street

Huntington

NY

11743

City

State

ZIP Code

Contact phone

631-923-1625

Email

CLAIM NO. 408

UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF NEW YORK	
Name of Debtor: Dowling College	Case No. 16-75545

* P - D C O - P O C / 1 *

Your Claim is Scheduled As Follows:

IF YOU HAVE SUBMITTED THIS PROOF OF CLAIM FORM ELECTRONICALLY, YOU DO NOT NEED TO SUBMIT THIS FORM. PLEASE RETAIN A COPY FOR YOUR RECORDS.

If an amount is identified above, you have a claim scheduled by the Debtor. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.

Proof of Claim

Official Form 410

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571

This chapter 11 case was commenced in the United States Bankruptcy Court for the Eastern District of NY, on November 29, 2016 (the "Petition Date.") Fill in all the information for the claim as of the Petition Date.

Part 1: Identify the Claim

1. Who is the current creditor?	BARNES & NOBLE COLLEGE BOOKSELLERS, LLC Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	4 No Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? BARNES & NOBLE COLLEGE BOOKSELLERS, LLC Name 120 MOUNTAIN VIEW BLVD. Number Street BASKING RIDGE, NJ 07920 City State ZIP Code Contact phone (908) 991-2699 Contact email SANDREWS@BNCOLLEGE.COM	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	4 No Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM/DD/YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	4 No Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6.	Do you have any number you use to identify the debtor?	4 No	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7.	How much is the claim?	\$ 44,705.64	Does this amount include interest or other charges? 4 No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. STUDENT FINANCIAL AID HELD BY DOWLING AND NOT REIMBURSED TO CREDITOR FOR PURCHASES BY STUDENTS	
9.	Is all or part of the claim secured?	4 No	Yes. The claim is secured by a lien on property. Nature of property: Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . Motor vehicle Other. Describe: _____ Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded). Value of property: \$ _____ Amount of the claim that is secured: \$ 0.00 Amount of the claim that is unsecured: \$ 44,705.64 (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ Fixed Variable
10.	Is this claim based on a lease?	4 No	Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11.	Is this claim subject to a right of setoff?	4 No	Yes. Identify the property: _____
12.	Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	4 No	<div style="display: flex; justify-content: space-between;"><div style="width: 70%;">Yes. <i>Check all that apply:</i> A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority. Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). Other. Specify subsection of 11 U.S.C. § 507(a)() that applies. * Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.</div><div style="width: 25%; text-align: center;">Amount entitled to priority \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____</div></div>

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files fraudulent claim could be fined up to \$500,000 imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/10/2017
MM / DD / YYYY

Suzanne E Andrews

Signature

Print the name of the person who is completing and signing this claim:

Name **Suzanne E Andrews**
First name Middle name Last name

Title **General Counsel**

Company **Barnes & Noble College Booksellers, LLC**
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address **120 Mountain View Blvd**
Number Street

BASKING RIDGE, NJ 07920
City State ZIP Code

Contact phone **(908) 991-2699** Email **SANDREWS@BNCOLLEGE.COM**

IF SUBMITTING A HARD COPY OF A PROOF OF CLAIM FORM, PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** DOWLING COLLEGE CASE ADMINISTRATION, C/O GCG, P.O. BOX 10342, DUBLIN, OHIO 43017-5542. **IF BY HAND OR OVERNIGHT COURIER:** DOWLING COLLEGE CASE ADMINISTRATION, C/O GCG, 5151 BLAZER PARKWAY, SUITE A, DUBLIN, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

IF YOU ARE SUBMITTING YOUR PROOF OF CLAIM ELECTRONICALLY, YOU WILL RECEIVE AN EMAIL CONFIRMATION OF YOUR CLAIM SUBMISSION. YOU WILL ALSO BE PROVIDED WITH AN ELECTRONICALLY DATE STAMPED PDF OF YOUR CLAIM. YOU MAY PRINT AND RETAIN A COPY OF THIS DOCUMENT FOR YOUR RECORDS.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS MARCH 10, 2017 AT 5:00 P.M. (PREVAILING EASTERN TIME)
THE GOVERNMENTAL BAR DATE IS MAY 30, 2017 AT 5:00 P.M. (PREVAILING EASTERN TIME)

Official Form 41

Instructions for Proof of Claim

United States Bankruptcy Court

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, Garden City Group, LLC ("GCG"), are not authorized and are not providing you with any legal advice.

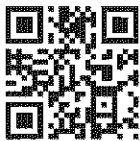
A person who files a fraudulent claim could be fined up to \$500,000 imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157 and 3571.

How to fill out this form

- **Fill in all the information for the claim as of the Petition Date.**
- **If the claim has been acquired from someone else, then state the identity of the last party** who owned the claim or was the holder of the claim and who transferred it to you before the initial claim was filed
- **Attach any supporting documents to this form.**
Attach redacted copies of any documents that show that the debt exists, a lien secures the debt, or both. (See the definition of *Redaction* of information in the section below.)
Also attach redacted copies of any documents that show perfection of any security interest or any assignments or transfers of the debt. In addition to the documents, a summary may be added. Federal Rule of Bankruptcy Procedure (called "Bankruptcy Rule") 3001(c) and (d).
- **Do not attach original documents because attachments may be destroyed after scanning.**
- **If the claim is based on delivering health care goods or services, do not disclose confidential health care information. Leave out or redact confidential information both in the claim and in the attached documents.**
- **A Proof of Claim form and any attached documents must show only the last 4 digits of any social security number, individual's tax identification number, or financial account number, and only the year of any person's date of birth.** See Bankruptcy Rule 9037.
- **For a minor child, fill in only the child's initials and the full name and address of the child's parent or guardian.** For example, write *A.B., a minor child (John Doe, parent, 123 Main St., City, State)*. See Bankruptcy Rule 9037.

Confirmation that the claim has been fil

To receive confirmation that the claim has been filed, enclose a stamped self-addressed envelope and a copy of this form. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed. You will also be able to view the details of your claim and the first page of your *Proof of Claim* form on the claims register hosted on the case administration website, www.gardencitygroup.com/cases/dco.



Understand the terms used in this form

Administrative expense: Generally, an expense that arises after a bankruptcy case is filed in connection with operating, liquidating, or distributing the bankruptcy estate. 11 U.S.C. § 503.

Claim: A creditor's right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (5). A claim may be secured or unsecured.

Creditor: A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (10).

Debtor: A person, corporation, or other entity who is in bankruptcy. Use the debtor's name and case number as shown in the bankruptcy notice you received. 11 U.S.C. § 101 (13).

Evidence of perfection: Evidence of perfection of a security interest may include documents showing that a security interest has been filed or recorded, such as a mortgage, lien, certificate of title, or financing statement.

Information that is entitled to privacy: A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth. If a claim is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. You may later be required to give more information if the trustee or someone else in interest objects to the claim.

Priority claim: A claim within a category of unsecured claims that is entitled to priority under 11 U.S.C. § 507(a). These claims are paid from the available money or property in a bankruptcy case before other unsecured claims are paid. Common priority unsecured claims include alimony, child support, taxes, and certain unpaid wages.

Proof of claim: A form used by the creditor to indicate the amount of the debt owed by the Debtor on the date of the bankruptcy filing. The creditor must file the form with GCG as described in the instructions above and in the Bar Date Notice.

Redaction of information: *Masking, editing out, or deleting certain information to protect privacy. Filers must redact or leave out information entitled to privacy on the Proof of Claim form and any attached documents.*

Secured claim under 11 U.S.C. § 506(a): A claim backed by a lien on particular property of the debtor. A claim is secured to the extent that a creditor has the right to be paid from the property before other creditors are paid. The amount of a secured claim usually cannot be more than the value of the particular property on which the creditor has a lien. Any amount owed to a creditor that is more than the value of the property normally may be an unsecured claim. But exceptions exist; for example, see 11 U.S.C. § 1322(b) and the final sentence of 1325(a).

Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment may be a lien.

Setoff: Occurs when a creditor pays itself with money belonging to the debtor that it is holding, or by canceling a debt it owes to the debtor.

Uniform claim identifier: An optional 24-character identifier that some creditors use to facilitate electronic payment.

Unsecured claim: A claim that does not meet the requirements of a secured claim. A claim may be unsecured in part to the extent that the amount of the claim is more than the value of the property on which a creditor has a lien.

Display of Proof of Claim on Case Administration Website: As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

Offers to purchase a claim

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the debtor. A creditor has no obligation to sell its claim. However, if a creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) that apply, and any orders of the bankruptcy court that apply.

Do not file these instructions with your form



INVOICE

Page 1

DOWLING INSTITUTE
ATTN:
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Send All Payments To: Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660

For All Inquiries: Call: -908/991-2555
Fax: -908/991-2882

Invoice #: 510214
Invoice Date: 03/01/2016
Billing End Date: 02/29/2016
Customer ID: 000000001964603
AR Program: 40 DOWLING INSTITUTE
Payment Terms: NET30
Invoice Due Date: 03/30/2016

BARNES & NOBLE
COLLEGE
PO Box 623660, Philadelphia, PA 19162-3660

INVOICE#: 510214
Invoice Date: 03/01/2016
Page 2

Student	Student ID	Provider Xref	Transaction Date	Transaction/ Item ID	Author	Description	Amount	Total
			02/12/2016	07090-20160212-0003-0035	AM.AUTO ASSN.	RESPONSIBLE DRIVING	1,599.75	
			02/12/2016	07090-20160212-0003-0035		Price Override	-47.25	1,552.50

INVOICE#: 510214
Invoice Date: 03/01/2016
Page 3



INVOICE-Remittance Advice

(Please include this Remittance Advice with your payment)

DOWLING INSTITUTE
ATTN:
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 510214
Invoice Date: 03/01/2016
Billing End Date: 02/29/2016
Customer ID: 000000001964603
AR Program: 40 DOWLING INSTITUTE
Payment Terms: NET30

Total Amount Due: 1,552.50

Invoice Due Date: 03/30/2016

Amount Paid: _____

Payment Instructions On Your Remittance

Invoice # 510214
Customer # 000000001964603

Mail Checks To:
Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660

Wire/ACH Payments: Please contact our Cash Applications Dept
908-991-2350

For all Inquiries contact the Collections Department

Call: -908/991-2555
Fax: -908/991-2882
Email: collections@bncollege.com



INVOICE

Page 1

DOWLING PURCHASING DEPARTMENT
ATTN: ANNA STOLOFF
ACCOUNTS PAYABLE DOWLING COLLEGE
150 IDLE HOUR BLVD
OAKDALE, NY 11769-1999

Send All Payments To: Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660

For All Inquiries: Call: -908/991-2555
Fax: -908/991-2882

Invoice #: 482136
Invoice Date: 11/01/2015
Billing End Date: 10/31/2015
Customer ID: 000000012001697
AR Program: 40 DOWLING PURCHASIN
Payment Terms: NET30

Invoice Dne Date: 11/30/2015

**INVOICE-Remittance Advice**

(Please include this Remittance Advice with your payment)

DOWLING PURCHASING DEPARTMENT
 ATTN: ANNA STOLOFF
 ACCOUNTS PAYABLE DOWLING COLLEGE
 150 IDLE HOUR BLVD
 OAKDALE, NY 11769-1999

Invoice #: 482136
 Invoice Date: 11/01/2015
 Billing End Date: 10/31/2015
 Customer ID: 000000012001697
 AR Program: 40 DOWLING PURCHASIN
 Payment Terms: NET30

Total Amount Due: 117.59

Invoice Due Date: 11/30/2015

Amount Paid: _____

Payment Instructions On Your Remittance

Invoice # 482136
 Customer # 000000012001697

Mail Checks To:
 Barnes & Noble College Booksellers, LLC.
 Attn: Accounts Receivable Department
 PO Box 823660
 Philadelphia, PA 19182-3660

Wire/ACH Payments: Please contact our Cash Applications Dept
 908-991-2350

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Call: -908/991-2555
 Fax: -908/991-2882
 Email: collections@bncollege.com



INVOICE

Page 1

DOWLING PURCHASING DEPARTMENT
ATTN: ANNA STOLOFF
ACCOUNTS PAYABLE DOWLING COLLEGE
150 IDLE HOUR BLVD
OAKDALE, NY 11769-1999

Send All Payments To: Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660

For All Inquiries: Call: -908/991-2555
Fax: -908/991-2882

Invoice #: 498601
Invoice Date: 02/01/2016
Billing End Date: 01/31/2016
Customer ID: 000000012001697
AR Program: 40 DOWLING PURCHASIN
Payment Terms: NET30

Invoice Dne Date: 03/01/2016



INVOICE-Remittance Advice

(Please include this Remittance Advice
with your payment)

DOWLING PURCHASING DEPARTMENT
ATTN: ANNA STOLOFF
ACCOUNTS PAYABLE DOWLING COLLEGE
150 IDLE HOUR BLVD
OAKDALE, NY 11769-1999

Invoice #: 498601
Invoice Date: 02/01/2016
Billing End Date: 01/31/2016
Customer ID: 000000012001697
AR Program: 40 DOWLING PURCHASIN
Payment Terms: NET30

Total Amount Due: 139.61

Invoice Due Date: 03/01/2016

Amount Paid: _____

Payment Instructions On Your Remittance

Invoice # 498601
Customer # 000000012001697

Mail Checks To:
Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660

Wire/ACH Payments: Please contact our Cash Applications Dept
908-991-2350

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Call: -908/991-2555
Fax: -908/991-2882
Email: collections@bncollege.com



INVOICE

Page 1

DOWLING PURCHASING DEPARTMENT
ATTN: ANNA STOLOFF
ACCOUNTS PAYABLE DOWLING COLLEGE
150 IDLE HOUR BLVD
OAKDALE, NY 11769-1999

Send All Payments To: Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660

For All Inquiries: Call: -908/991-2555
Fax: -908/991-2882

Invoice #: 507163
Invoice Date: 03/01/2016
Billing End Date: 02/29/2016
Customer ID: 000000012001697
AR Program: 40 DOWLING PURCHASIN
Payment Terms: NET30
Invoice Dne Date: 03/30/2016



INVOICE-Remittance Advice

(Please include this Remittance Advice with your payment)

DOWLING PURCHASING DEPARTMENT
ATTN: ANNA STOLOFF
ACCOUNTS PAYABLE DOWLING COLLEGE
150 IDLE HOUR BLVD
OAKDALE, NY 11769-1999

Invoice #: 507163
Invoice Date: 03/01/2016
Billing End Date: 02/29/2016
Customer ID: 000000012001697
AR Program: 40 DOWLING PURCHASIN
Payment Terms: NET30

Total Amount Due: 606.33

Invoice Due Date: 03/30/2016

Amount Paid: _____

Payment Instructions On Your Remittance

Invoice # 507163
Customer # 000000012001697

Mail Checks To:
Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660

Wire/ACH Payments: Please contact our Cash Applications Dept
908-991-2350

For all Inquiries contact the Collections Department

Call: -908/991-2555
Fax: -908/991-2882
Email: collections@bncollege.com



INVOICE

Page 1

DOWLING PURCHASING DEPARTMENT
ATTN: ANNA STOLOFF
ACCOUNTS PAYABLE DOWLING COLLEGE
150 IDLE HOUR BLVD
OAKDALE, NY 11769-1999

Send All Payments To: Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660

For All Inquiries: Call: -908/991-2555
Fax: -908/991-2882

FED TAX ID - 46-0599018

Invoice #: 514554
Invoice Date: 04/01/2016
Billing End Date: 03/31/2016
Customer ID: 000000012001697
AR Program: 40 DOWLING PURCHASIN
Payment Terms: NET30

Invoice Dne Date: 04/30/2016



INVOICE-Remittance Advice

(Please include this Remittance Advice
with your payment)

DOWLING PURCHASING DEPARTMENT
ATTN: ANNA STOLOFF
ACCOUNTS PAYABLE DOWLING COLLEGE
150 IDLE HOUR BLVD
OAKDALE, NY 11769-1999

Invoice #: 514554
Invoice Date: 04/01/2016
Billing End Date: 03/31/2016
Customer ID: 000000012001697
AR Program: 40 DOWLING PURCHASIN
Payment Terms: NET30

Total Amount Due: 390.75

Invoice Dne Date: 04/30/2016

Amount Paid: _____

Payment Instrntions On Your Remittance

Invoice # 514554
Customer # 000000012001697

Mail Checks To:
Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660

Wire/ACH Payments: Please contact our Cash Applications Dept
908-991-2350

For all Inquiries contact the Collections Department

Call: -908/991-2555
Fax: -908/991-2882
Email: collections@bncollege.com

FED TAX ID - 46-0599018



INVOICE

Page 1

DOWLING PURCHASING DEPARTMENT
ATTN: ANNA STOLOFF
ACCOUNTS PAYABLE DOWLING COLLEGE
150 IDLE HOUR BLVD
OAKDALE, NY 11769-1999

Send All Payments To: Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660

For All Inquiries: Call: -908/991-2555
Fax: -908/991-2882

FED TAX ID - 46-0599018

Invoice #: 520286
Invoice Date: 05/01/2016
Billing End Date: 04/30/2016
Customer ID: 000000012001697
AR Program: 40 DOWLING PURCHASIN
Payment Terms: NET30
Invoice Dne Date: 05/30/2016



INVOICE-Remittance Advice

(Please include this Remittance Advice with your payment)

DOWLING PURCHASING DEPARTMENT
ATTN: ANNA STOLOFF
ACCOUNTS PAYABLE DOWLING COLLEGE
150 IDLE HOUR BLVD
OAKDALE, NY 11769-1999

Invoice #: 520286
Invoice Date: 05/01/2016
Billing End Date: 04/30/2016
Customer ID: 000000012001697
AR Program: 40 DOWLING PURCHASIN
Payment Terms: NET30

Total Amount Due: 4,949.68

Invoice Dne Date: 05/30/2016

Amount Paid: _____

Payment Instrntions On Your Remittance

Invoice # 520286
Customer # 000000012001697

Mail Checks To:
Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660

Wire/ACH Payments: Please contact our Cash Applications Dept
908-991-2350

For all Inquiries contact the Collections Department

Call: -908/991-2555
Fax: -908/991-2882
Email: collections@bncollege.com

FED TAX ID - 46-0599018



PO Box 823660, Philadelphia, PA 19182-3660

**BALANCE DUE
INVOICE**

Page 1

DOWLING PURCHASING DEPARTMENT
ATTN: ANNA STOLOFF
ACCOUNTS PAYABLE DOWLING COLLEGE
150 IDLE HOUR BLVD
OAKDALE, NY 11769-1999

Send All Payments To: Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660

For All Inquiries: Call: -908/991-2555
Fax: -908/991-2882

FED TAX ID - 46-0599018

Invoice #: 471557
Balance Due As of: 10/17/2016
Billing End Date: 09/28/2015
Customer ID: 000000012001697
AR Program: 40 DOWLING PURCHASIN
Payment Terms: NET30

Invoice Dne Date: 10/28/2015



PO Box 823660, Philadelphia, PA 19182-3660

DOWLING PURCHASING DEPARTMENT
 ATTN: ANNA STOLOFF
 ACCOUNTS PAYABLE DOWLING COLLEGE
 150 IDLE HOUR BLVD
 OAKDALE, NY 11769-1999

BALANCE DUE INVOICE-Remittance Advice

(Please include this Remittance Advice with your payment)

Invoice #: 471557
 Balance Due As of: 10/17/2016
 Billing End Date: 09/28/2015
 Customer ID: 000000012001697
 AR Program: 40 DOWLING PURCHASIN
 Payment Terms: NET30

Original Invoice Amount: 1,124.38
 Payments/Adjustments: 202.45
 Balance Amount Due: 921.93

Invoice Due Date: 10/28/2015

Amount Paid: _____

Payment Instructions On Your Remittance

Invoice # 471557
 Customer # 000000012001697

Mail Checks To:

Barnes & Noble College Booksellers, LLC.
 Attn: Accounts Receivable Department
 PO Box 823660
 Philadelphia, PA 19182-3660

Wire/ACH Payments: Please contact our Cash Applications Dept
 908-991-2350

For all Inquiries contact the Collections Department

Call: -908/991-2555
 Fax: -908/991-2882
 Email: collections@bncollege.com

FED TAX ID - 46-0599018

BARNES & NOBLE
COLLEGE

PO Box 823660, Philadelphia, PA 19182-3660

INVOICE**Page 1**HEOP
ATTN: GERRI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769Invoice #: 502355
Invoice Date: 02/02/2016
Billing End Date: 02/01/2016
Customer ID: 000000001722894
AR Program: 12 HEOP
Payment Terms: NET30Send All Payments To: Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660**Invoice Due Date: 03/02/2016**For All Inquiries: Call: -908/991-2555
Fax: -908/991-2882

Student	Student ID	Reference ID	Transaction Date	Transaction/Item ID	Amount	Total
		000000015482085	02/01/2016	07090-20160201-0001-8800	11.20	11.20
		000000015482101	02/01/2016	07090-20160201-0002-8106	392.91	392.91
		000000015482539	02/01/2016	07090-20160201-0002-8102	221.23	
			02/01/2016	07090-20160201-0002-8103	27.90	
			02/01/2016	07090-20160201-0003-9284	18.24	267.37
		000000015482083	02/01/2016	07090-20160201-0002-8034	80.25	80.25
		000000015482126	02/01/2016	07090-20160201-0002-8111	243.62	243.62
		000000015482573	02/01/2016	07090-20160201-0003-9257	34.95	34.95
		000000015482556	02/01/2016	07090-20160201-0003-9256	167.75	167.75
		000000015482087	02/01/2016	07090-20160201-0003-9237	9.98	
			02/01/2016	07090-20160201-0003-9270	194.65	204.63
		000000015482078	02/01/2016	07090-20160201-0001-8779	53.14	
			02/01/2016	07090-20160201-0002-8046	291.40	344.54
		000000015482112	02/01/2016	07090-20160201-0002-8050	197.32	197.32
		000000015482117	02/01/2016	07090-20160201-0002-8058	277.10	277.10
		000000015482098	02/01/2016	07090-20160201-0002-8037	63.26	63.26
		000000015482542	02/01/2016	07090-20160201-0001-8789	164.85	164.85
		000000015482496	02/01/2016	07090-20160201-0002-8080	149.35	
			02/01/2016	07090-20160201-0003-9247	74.55	223.90
		000000015482554	02/01/2016	07099-20160201-7777-0841	300.95	300.95
		000000015482559	02/01/2016	07090-20160201-0001-8804	400.00	400.00
Total						3,374.60

BARNES & NOBLE
COLLEGE

PO Box 823660, Philadelphia, PA 19182-3660

INVOICE-Remittance Advice

(Please include this Remittance Advice
with your payment)

HEOP
ATTN: GERRI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 502355
Invoice Date: 02/02/2016
Billing End Date: 02/01/2016
Customer ID: 000000001722894
AR Program: 12 HEOP
Payment Terms: NET30

Invoice Due Date: 03/02/2016

Total Amount Due: 3,374.60

Amount Paid: _____

Payment Instructions On Your Remittance

Invoice # 502355
Customer # 000000001722894

Mail Checks To:
Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660

Wire/ACH Payments: Please contact our Cash Applications Dept
908-991-2350

For all Inquiries contact the Collections Department

Call: -908/991-2555
Fax: -908/991-2882
Email: collections@bncollege.com

BARNES & NOBLE
COLLEGE

PO Box 823660, Philadelphia, PA 19182-3660

INVOICE**Page 1**HEOP
ATTN: GERRI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769Invoice #: 502546
Invoice Date: 02/03/2016
Billing End Date: 02/02/2016
Customer ID: 000000001722894
AR Program: 12 HEOP
Payment Terms: NET30Send All Payments To: Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660**Invoice Due Date: 03/03/2016**For All Inquiries: Call: -908/991-2555
Fax: -908/991-2882

Student	Student ID	Reference ID	Transaction Date	Transaction/Item ID	Amount	Total
		000000015483775	02/02/2016	07090-20160202-0001-8843	149.35	
			02/02/2016	07090-20160202-0003-9363	250.65	400.00
		000000015482084	02/02/2016	07090-20160202-0001-8990	79.45	79.45
		000000015482097	02/02/2016	07090-20160202-0003-9337	190.31	190.31
		000000015482080	02/02/2016	07090-20160202-0001-8922	400.00	400.00
		000000015482085	02/02/2016	07090-20160202-0003-9420	371.54	371.54
		000000015482109	02/02/2016	07090-20160202-0002-8127	367.22	367.22
		000000015482074	02/02/2016	07090-20160202-0003-9320	5.48	
			02/02/2016	07090-20160202-0003-9370	338.94	344.42
		000000015482543	02/02/2016	07090-20160202-0001-9001	223.55	
			02/02/2016	07090-20160202-0001-9002	136.06	359.61
		000000015482568	02/02/2016	07090-20160202-0001-8944	61.38	
			02/02/2016	07090-20160202-0001-8987	15.96	
			02/02/2016	07090-20160202-0003-9440	4.98	82.32
		000000015482082	02/02/2016	07090-20160202-0002-8186	149.35	149.35
		000000015482537	02/02/2016	07090-20160202-0001-8861	104.95	104.95
		000000015482083	02/02/2016	07090-20160202-0002-8181	43.18	43.18
		000000015482103	02/02/2016	07090-20160202-0001-8981	358.85	358.85
		000000015482576	02/02/2016	07090-20160202-0003-9354	232.35	232.35
		000000015482125	02/02/2016	07090-20160202-0001-8906	193.15	193.15
		000000015482116	02/02/2016	07090-20160202-0001-8865	83.65	
			02/02/2016	07090-20160202-0001-8868	36.55	120.20
		000000015482099	02/02/2016	07090-20160202-0001-8940	324.93	
			02/02/2016	07090-20160202-0001-8943	28.25	
			02/02/2016	07090-20160202-0003-9469	-9.95	
			02/02/2016	07090-20160202-0003-9476	38.96	382.19
		000000015482089	02/02/2016	07090-20160202-0002-8141	112.00	112.00
		000000015482570	02/02/2016	07090-20160202-0002-8218	187.43	187.43

BARNES & NOBLE
COLLEGE

PO Box 823660, Philadelphia, PA 19182-3660

INVOICE**Page 2**

HEOP
ATTN: GERRI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 502546
Invoice Date: 02/03/2016
Billing End Date: 02/02/2016
Customer ID: 000000001722894
AR Program: 12 HEOP
Payment Terms: NET30

Invoice Due Date: 03/03/2016

Student	Student ID	Reference ID	Transaction Date	Transaction/Item ID	Amount	Total
██████████	██████████	000000015482556	02/02/2016	07090-20160202-0002-8215	31.86	31.86
██████████	██████████	000000015482087	02/02/2016	07090-20160202-0002-8210	138.75	138.75
██████████	██████████	000000015482577	02/02/2016	07090-20160202-0002-8187	361.65	361.65
██████████	██████████	000000015482107	02/02/2016	07090-20160202-0001-8839	10.05	
			02/02/2016	07090-20160202-0001-9031	-273.00	
			02/02/2016	07090-20160202-0001-9032	218.40	
			02/02/2016	07090-20160202-0001-9035	96.00	
			02/02/2016	07090-20160202-0003-9361	273.00	324.45
██████████	██████████	000000015482112	02/02/2016	07090-20160202-0003-9391	24.70	24.70
██████████	██████████	000000015482549	02/02/2016	07090-20160202-0001-8892	4.98	
			02/02/2016	07090-20160202-0001-8893	127.64	
			02/02/2016	07090-20160202-0002-8209	37.50	170.12
██████████	██████████	000000015482569	02/02/2016	07090-20160202-0001-8838	134.00	
			02/02/2016	07090-20160202-0003-9298	16.94	150.94
██████████	██████████	000000015482106	02/02/2016	07090-20160202-0001-8867	316.70	316.70
██████████	██████████	000000015482088	02/02/2016	07090-20160202-0001-9039	167.63	167.63
██████████	██████████	000000015482114	02/02/2016	07090-20160202-0003-9316	12.98	
			02/02/2016	07090-20160202-0003-9435	50.26	63.24
██████████	██████████	000000015482079	02/02/2016	07090-20160202-0001-8970	250.45	
			02/02/2016	07090-20160202-0001-8979	37.57	
			02/02/2016	07090-20160202-0001-8980	39.89	
			02/02/2016	07090-20160202-0001-8988	14.18	342.09
██████████	██████████	000000015482542	02/02/2016	07090-20160202-0003-9358	104.74	104.74
██████████	██████████	000000015482545	02/02/2016	07090-20160202-0003-9332	83.65	83.65
██████████	██████████	000000015482572	02/02/2016	07090-20160202-0002-8213	322.68	322.68
██████████	██████████	000000015482100	02/02/2016	07090-20160202-0002-8290	148.76	148.76
██████████	██████████	000000015482540	02/02/2016	07090-20160202-0001-8899	205.10	205.10
██████████	██████████	000000015482111	02/02/2016	07090-20160202-0003-9388	397.65	397.65

BARNES & NOBLE
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PO Box 823660, Philadelphia, PA 19182-3660

INVOICE**Page 3**

HEOP
ATTN: GERRI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 502546
Invoice Date: 02/03/2016
Billing End Date: 02/02/2016
Customer ID: 000000001722894
AR Program: 12 HEOP
Payment Terms: NET30

Invoice Due Date: 03/03/2016

Student	Student ID	Reference ID	Transaction Date	Transaction/ Item ID	Amount	Total
██████████	██████████	000000015484775	02/02/2016	07090-20160202-0002-8251	384.65	384.65
██████████	██████████	000000015482562	02/02/2016	07090-20160202-0002-8194	342.30	342.30
██████████	██████████	000000015482110	02/02/2016	07090-20160202-0002-8124	253.35	
			02/02/2016	07090-20160202-0002-8203	135.48	
			02/02/2016	07090-20160202-0002-8206	10.98	399.81
██████████	██████████	000000015482104	02/02/2016	07090-20160202-0003-9425	320.65	320.65
██████████	██████████	000000015482113	02/02/2016	07090-20160202-0002-8185	192.30	
			02/02/2016	07090-20160202-0002-8254	138.70	331.00
Total						9,611.64

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INVOICE-Remittance Advice

(Please include this Remittance Advice
with your payment)

HEOP
ATTN: GERRI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 502546
Invoice Date: 02/03/2016
Billing End Date: 02/02/2016
Customer ID: 000000001722894
AR Program: 12 HEOP
Payment Terms: NET30

Invoice Due Date: 03/03/2016

Total Amount Due: 9,611.64

Amount Paid: _____

Payment Instructions On Your Remittance

Invoice # 502546
Customer # 000000001722894

Mail Checks To:
Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660

Wire/ACH Payments: Please contact our Cash Applications Dept
908-991-2350

For all Inquiries contact the Collections Department

Call: -908/991-2555
Fax: -908/991-2882
Email: collections@bncollege.com

BARNES & NOBLE
COLLEGE

PO Box 823660, Philadelphia, PA 19182-3660

INVOICE**Page 1**HEOP
ATTN: GERRI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769Invoice #: 502682
Invoice Date: 02/04/2016
Billing End Date: 02/03/2016
Customer ID: 000000001722894
AR Program: 12 HEOP
Payment Terms: NET30Send All Payments To: Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660**Invoice Due Date: 03/04/2016**For All Inquiries: Call: -908/991-2555
Fax: -908/991-2882

Student	Student ID	Reference ID	Transaction Date	Transaction/Item ID	Amount	Total
		000000015482097	02/03/2016	07090-20160203-0002-8366	74.95	74.95
		000000015482102	02/03/2016	07090-20160203-0002-8435	95.75	95.75
		000000015482552	02/03/2016	07090-20160203-0003-9533	244.90	244.90
		000000015482539	02/03/2016	07090-20160203-0002-8439	100.20	100.20
		000000015482571	02/03/2016	07090-20160203-0003-9546	400.00	400.00
		000000015482536	02/03/2016	07090-20160203-0003-9561	280.65	280.65
		000000015482083	02/03/2016	07090-20160203-0003-9591	175.59	175.59
		000000015482126	02/03/2016	07090-20160203-0002-8321	145.55	145.55
		000000015482573	02/03/2016	07090-20160203-0001-9203	25.17	37.11
			02/03/2016	07090-20160203-0003-9612	11.94	
		000000015482116	02/03/2016	07090-20160203-0002-8355	126.55	126.55
		000000015482089	02/03/2016	07090-20160203-0001-9119	-99.40	-99.40
		000000015482570	02/03/2016	07090-20160203-0001-9075	18.73	44.65
			02/03/2016	07090-20160203-0003-9625	25.92	
		000000015482087	02/03/2016	07090-20160203-0003-9551	11.22	11.22
		000000015482541	02/03/2016	07090-20160203-0002-8433	247.27	247.27
		000000015482557	02/03/2016	07090-20160203-0002-8386	291.63	291.63
		000000015482577	02/03/2016	07090-20160203-0002-8356	28.00	21.00
			02/03/2016	07090-20160203-0002-8390	-28.00	
			02/03/2016	07090-20160203-0002-8391	21.00	
		000000015482107	02/03/2016	07090-20160203-0003-9615	52.28	52.28
		000000015482112	02/03/2016	07090-20160203-0002-8442	104.99	104.99
		000000015482086	02/03/2016	07090-20160203-0001-9151	371.01	371.01
		000000015482569	02/03/2016	07090-20160203-0003-9569	104.00	104.00
		000000015482575	02/03/2016	07090-20160203-0001-9116	10.85	345.65
			02/03/2016	07090-20160203-0002-8472	334.80	

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PO Box 823660, Philadelphia, PA 19182-3660

INVOICE**Page 2**

HEOP
ATTN: GERRI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 502682
Invoice Date: 02/04/2016
Billing End Date: 02/03/2016
Customer ID: 000000001722894
AR Program: 12 HEOP
Payment Terms: NET30

Invoice Due Date: 03/04/2016

Student	Student ID	Reference ID	Transaction Date	Transaction/ Item ID	Amount	Total
██████████	██████████	000000015482560	02/03/2016	07090-20160203-0002-8368	64.61	
			02/03/2016	07090-20160203-0002-8396	10.98	75.59
██████████	██████████	000000015482088	02/03/2016	07090-20160203-0002-8468	24.72	24.72
██████████	██████████	000000015482566	02/03/2016	07090-20160203-0003-9598	400.00	400.00
██████████	██████████	000000015482114	02/03/2016	07090-20160203-0003-9537	336.76	336.76
██████████	██████████	000000015482554	02/03/2016	07090-20160203-0001-9086	28.70	28.70
██████████	██████████	000000015482118	02/03/2016	07090-20160203-0003-9595	286.80	286.80
██████████	██████████	000000015482091	02/03/2016	07090-20160203-0002-8381	211.65	211.65
██████████	██████████	000000015482104	02/03/2016	07090-20160203-0001-9162	21.44	21.44
██████████	██████████	000000015482092	02/03/2016	07090-20160203-0003-9624	223.15	223.15
██████████	██████████	000000015482561	02/03/2016	07090-20160203-0002-8376	316.02	316.02
██████████	██████████	000000015482077	02/03/2016	07090-20160203-0002-8388	247.80	247.80
Total						5,348.18

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INVOICE-Remittance Advice

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HEOP
ATTN: GERRI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 502682
Invoice Date: 02/04/2016
Billing End Date: 02/03/2016
Customer ID: 000000001722894
AR Program: 12 HEOP
Payment Terms: NET30

Invoice Due Date: 03/04/2016

Total Amount Due: 5,348.18

Amount Paid: _____

Payment Instructions On Your Remittance

Invoice # 502682
Customer # 000000001722894

Mail Checks To:
Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660

Wire/ACH Payments: Please contact our Cash Applications Dept
908-991-2350

For all Inquiries contact the Collections Department

Call: -908/991-2555
Fax: -908/991-2882
Email: collections@bncollege.com

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INVOICE**Page 1**HEOP
ATTN: GERRI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769Invoice #: 502825
Invoice Date: 02/05/2016
Billing End Date: 02/04/2016
Customer ID: 000000001722894
AR Program: 12 HEOP
Payment Terms: NET30Send All Payments To: Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660**Invoice Due Date: 03/05/2016**For All Inquiries: Call: -908/991-2555
Fax: -908/991-2882

Student	Student ID	Reference ID	Transaction Date	Transaction/Item ID	Amount	Total
		000000015482095	02/04/2016	07090-20160204-0001-9349	192.36	192.36
		000000015482546	02/04/2016	07090-20160204-0002-8592	202.53	
			02/04/2016	07090-20160204-0002-8593	6.84	209.37
		000000015482097	02/04/2016	07090-20160204-0001-9340	104.00	104.00
		000000015482102	02/04/2016	07090-20160204-0001-9280	10.44	10.44
		000000015482576	02/04/2016	07090-20160204-0003-9674	167.65	167.65
		000000015482544	02/04/2016	07090-20160204-0001-9381	314.10	314.10
		000000015482573	02/04/2016	07090-20160204-0002-8640	83.93	83.93
		000000015482116	02/04/2016	07090-20160204-0002-8530	-126.55	
			02/04/2016	07090-20160204-0002-8554	22.73	
			02/04/2016	07090-20160204-0002-8555	7.48	-96.34
		000000015482556	02/04/2016	07090-20160204-0002-8666	155.85	155.85
		000000015482557	02/04/2016	07090-20160204-0003-9680	10.94	10.94
		000000015482551	02/04/2016	07090-20160204-0002-8493	103.78	103.78
		000000015482090	02/04/2016	07090-20160204-0002-8533	293.13	293.13
		000000015482107	02/04/2016	07090-20160204-0001-9286	10.39	10.39
		000000015482569	02/04/2016	07090-20160204-0003-9679	83.65	83.65
		000000015482106	02/04/2016	07090-20160204-0002-8649	19.30	19.30
		000000015484775	02/04/2016	07090-20160204-0001-9267	-160.65	
			02/04/2016	07090-20160204-0001-9268	151.60	-9.05
		000000015482123	02/04/2016	07090-20160204-0003-9699	66.96	66.96
		000000015482104	02/04/2016	07090-20160204-0002-8544	2.98	2.98
		000000015482077	02/04/2016	07090-20160204-0001-9278	83.65	83.65
Total						1,807.09

BARNES & NOBLE
COLLEGE

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INVOICE-Remittance Advice

(Please include this Remittance Advice
with your payment)

HEOP
ATTN: GERRI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 502825
Invoice Date: 02/05/2016
Billing End Date: 02/04/2016
Customer ID: 000000001722894
AR Program: 12 HEOP
Payment Terms: NET30

Invoice Due Date: 03/05/2016

Total Amount Due: 1,807.09

Amount Paid: _____

Payment Instructions On Your Remittance

Invoice # 502825
Customer # 000000001722894

Mail Checks To:
Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660

Wire/ACH Payments: Please contact our Cash Applications Dept
908-991-2350

For all Inquiries contact the Collections Department

Call: -908/991-2555
Fax: -908/991-2882
Email: collections@bncollege.com

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PO Box 823660, Philadelphia, PA 19182-3660

INVOICE**Page 1**

HEOP
ATTN: GERRI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 504248
Invoice Date: 02/08/2016
Billing End Date: 02/07/2016
Customer ID: 000000001722894
AR Program: 12 HEOP
Payment Terms: NET30

Send All Payments To: Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660

Invoice Due Date: 03/08/2016

For All Inquiries: Call: -908/991-2555
Fax: -908/991-2882

Student	Student ID	Reference ID	Transaction Date	Transaction/ Item ID	Amount	Total
		000000015482112	02/06/2016	07090-20160206-0002-8736	67.51	67.51
		000000015482560	02/06/2016	07090-20160206-0001-9450	19.99	19.99
Total						87.50

BARNES & NOBLE
COLLEGE

PO Box 823660, Philadelphia, PA 19182-3660

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ATTN: GERRI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 504248
Invoice Date: 02/08/2016
Billing End Date: 02/07/2016
Customer ID: 000000001722894
AR Program: 12 HEOP
Payment Terms: NET30

Invoice Due Date: 03/08/2016

Total Amount Due: 87.50

Amount Paid: _____

Payment Instructions On Your Remittance

Invoice # 504248
Customer # 000000001722894

Mail Checks To:
Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660

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Email: collections@bncollege.com

BARNES & NOBLE
COLLEGE

PO Box 823660, Philadelphia, PA 19182-3660

INVOICE**Page 1**HEOP
ATTN: GERRI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769Invoice #: 504548
Invoice Date: 02/10/2016
Billing End Date: 02/09/2016
Customer ID: 000000001722894
AR Program: 12 HEOP
Payment Terms: NET30Send All Payments To: Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660**Invoice Due Date: 03/10/2016**For All Inquiries: Call: -908/991-2555
Fax: -908/991-2882

Student	Student ID	Reference ID	Transaction Date	Transaction/Item ID	Amount	Total
		000000015482546	02/09/2016	07090-20160209-0002-8783	159.69	159.69
		000000015482547	02/09/2016	07090-20160209-0002-8847	68.75	
			02/09/2016	07090-20160209-0002-8850	95.21	163.96
		000000015482534	02/09/2016	07090-20160209-0001-9478	274.65	
			02/09/2016	07090-20160209-0001-9560	-104.86	
			02/09/2016	07090-20160209-0002-8811	121.62	291.41
		000000015482102	02/09/2016	07090-20160209-0001-9528	163.63	163.63
		000000015482127	02/09/2016	07090-20160209-0003-9727	49.25	49.25
		000000015482568	02/09/2016	07090-20160209-0002-8939	4.26	4.26
		000000015482128	02/09/2016	07090-20160209-0002-8757	223.25	
			02/09/2016	07090-20160209-0002-8758	12.98	236.23
		000000015482082	02/09/2016	07090-20160209-0001-9522	22.95	22.95
		000000015482536	02/09/2016	07090-20160209-0002-8859	44.64	
			02/09/2016	07090-20160209-0002-8926	70.24	
			02/09/2016	07090-20160209-0002-8927	4.47	119.35
		000000015482103	02/09/2016	07090-20160209-0002-8878	11.94	11.94
		000000015482115	02/09/2016	07090-20160209-0002-8768	167.03	167.03
		000000015482573	02/09/2016	07090-20160209-0001-9518	6.97	
			02/09/2016	07090-20160209-0002-8846	223.15	230.12
		000000015482089	02/09/2016	07090-20160209-0002-8891	86.01	
			02/09/2016	07090-20160209-0003-9754	180.15	
			02/09/2016	07090-20160209-0003-9760	14.52	
			02/09/2016	07090-20160209-0003-9765	97.66	378.34
		000000015482087	02/09/2016	07090-20160209-0002-8853	19.99	19.99
		000000015482577	02/09/2016	07090-20160209-0002-8834	3.48	3.48
		000000015482112	02/09/2016	07090-20160209-0002-8902	3.22	3.22
		000000015482564	02/09/2016	07090-20160209-0001-9473	94.63	94.63
		000000015482098	02/09/2016	07090-20160209-0002-8792	123.75	123.75

BARNES & NOBLE
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PO Box 823660, Philadelphia, PA 19182-3660

INVOICE**Page 2**

HEOP
ATTN: GERRI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 504548
Invoice Date: 02/10/2016
Billing End Date: 02/09/2016
Customer ID: 000000001722894
AR Program: 12 HEOP
Payment Terms: NET30

Invoice Due Date: 03/10/2016

Student	Student ID	Reference ID	Transaction Date	Transaction/ Item ID	Amount	Total
██████████	██████████	000000015482538	02/09/2016	07090-20160209-0002-8801	23.92	23.92
██████████	██████████	000000015482545	02/09/2016	07090-20160209-0001-9483	125.98	
			02/09/2016	07090-20160209-0001-9513	76.03	202.01
██████████	██████████	000000015482558	02/09/2016	07090-20160209-0003-9734	155.97	
			02/09/2016	07090-20160209-0003-9784	36.82	192.79
██████████	██████████	000000015484775	02/09/2016	07090-20160209-0001-9476	9.98	9.98
██████████	██████████	000000015482548	02/09/2016	07090-20160209-0002-8820	129.15	129.15
██████████	██████████	000000015482565	02/09/2016	07090-20160209-0001-9527	111.58	111.58
				SERVICE FEE		0.00
				Total		2,912.66

BARNES & NOBLE
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INVOICE-Remittance Advice

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HEOP
ATTN: GERRI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 504548
Invoice Date: 02/10/2016
Billing End Date: 02/09/2016
Customer ID: 000000001722894
AR Program: 12 HEOP
Payment Terms: NET30

Invoice Due Date: 03/10/2016

Total Amount Due: 2,912.66

Amount Paid: _____

Payment Instructions On Your Remittance

Invoice # 504548
Customer # 000000001722894

Mail Checks To:
Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660

Wire/ACH Payments: Please contact our Cash Applications Dept
908-991-2350

For all Inquiries contact the Collections Department

Call: -908/991-2555
Fax: -908/991-2882
Email: collections@bncollege.com

BARNES & NOBLE
COLLEGE

PO Box 823660, Philadelphia, PA 19182-3660

INVOICE**Page 1**HEOP
ATTN: GERRI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769Invoice #: 504654
Invoice Date: 02/11/2016
Billing End Date: 02/10/2016
Customer ID: 000000001722894
AR Program: 12 HEOP
Payment Terms: NET30Send All Payments To: Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660**Invoice Due Date: 03/11/2016**For All Inquiries: Call: -908/991-2555
Fax: -908/991-2882

Student	Student ID	Reference ID	Transaction Date	Transaction/Item ID	Amount	Total
		000000015482553	02/10/2016	07090-20160210-0003-9849	200.85	
			02/10/2016	07090-20160210-0003-9892	103.93	304.78
		000000015482547	02/10/2016	07090-20160210-0001-9629	229.94	
			02/10/2016	07090-20160210-0002-9008	3.68	233.62
		000000015482128	02/10/2016	07090-20160210-0002-9037	151.60	
			02/10/2016	07090-20160210-0002-9038	12.17	163.77
		000000015482116	02/10/2016	07090-20160210-0002-8970	14.99	14.99
		000000015482556	02/10/2016	07090-20160210-0001-9638	-7.24	
			02/10/2016	07090-20160210-0001-9639	8.46	
			02/10/2016	07090-20160210-0003-9871	28.15	
			02/10/2016	07090-20160210-0003-9873	14.22	43.59
		000000015482107	02/10/2016	07090-20160210-0002-8980	2.98	
			02/10/2016	07090-20160210-0003-9886	9.74	12.72
		000000015482098	02/10/2016	07090-20160210-0002-9026	118.65	118.65
		000000015482088	02/10/2016	07090-20160210-0002-9023	42.95	42.95
		000000015482567	02/10/2016	07090-20160210-0001-9603	97.89	
			02/10/2016	07090-20160210-0002-8994	223.15	321.04
		000000015482496	02/10/2016	07090-20160210-0002-8967	75.00	75.00
		000000015482123	02/10/2016	07090-20160210-0001-9589	89.45	
			02/10/2016	07090-20160210-0002-8977	-89.45	0.00
Total						1,331.11

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INVOICE-Remittance Advice

(Please include this Remittance Advice
with your payment)

HEOP
ATTN: GERRI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 504654
Invoice Date: 02/11/2016
Billing End Date: 02/10/2016
Customer ID: 000000001722894
AR Program: 12 HEOP
Payment Terms: NET30

Invoice Due Date: 03/11/2016

Total Amount Due: 1,331.11

Amount Paid: _____

Payment Instructions On Your Remittance

Invoice # 504654
Customer # 000000001722894

Mail Checks To:
Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660

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COLLEGE

PO Box 823660, Philadelphia, PA 19182-3660

INVOICE**Page 1**HEOP
ATTN: GERRI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769Invoice #: 504766
Invoice Date: 02/12/2016
Billing End Date: 02/11/2016
Customer ID: 000000001722894
AR Program: 12 HEOP
Payment Terms: NET30Send All Payments To: Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660**Invoice Due Date: 03/12/2016**For All Inquiries: Call: -908/991-2555
Fax: -908/991-2882

Student	Student ID	Reference ID	Transaction Date	Transaction/ Item ID	Amount	Total
		000000015482096	02/11/2016	07090-20160211-0003-0001	363.79	363.79
		000000015482534	02/11/2016	07090-20160211-0001-9696	25.44	
			02/11/2016	07099-20160211-7777-0945	75.00	100.44
		000000015482102	02/11/2016	07090-20160211-0003-9977	76.96	76.96
		000000015482544	02/11/2016	07090-20160211-0002-9072	56.00	56.00
		000000015482564	02/11/2016	07090-20160211-0002-9130	286.90	286.90
		000000015482560	02/11/2016	07090-20160211-0002-9077	15.98	15.98
		000000015482088	02/11/2016	07090-20160211-0001-9699	93.05	
			02/11/2016	07090-20160211-0001-9705	36.36	
			02/11/2016	07090-20160211-0001-9708	31.18	160.59
		000000015482558	02/11/2016	07090-20160211-0003-0007	206.13	206.13
		000000015482100	02/11/2016	07090-20160211-0001-9711	140.65	
			02/11/2016	07090-20160211-0002-9121	74.25	
			02/11/2016	07090-20160211-0002-9129	10.45	
			02/11/2016	07090-20160211-0002-9133	21.92	247.27
		000000015482554	02/11/2016	07090-20160211-0001-9672	145.45	
			02/11/2016	07099-20160211-7777-0946	-108.50	36.95
		000000015482105	02/11/2016	07090-20160211-0002-9099	24.98	
			02/11/2016	07090-20160211-0003-9974	15.94	40.92
Total						1,591.93

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INVOICE-Remittance Advice

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HEOP
ATTN: GERRI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 504766
Invoice Date: 02/12/2016
Billing End Date: 02/11/2016
Customer ID: 000000001722894
AR Program: 12 HEOP
Payment Terms: NET30

Invoice Due Date: 03/12/2016

Total Amount Due: 1,591.93

Amount Paid: _____

Payment Instructions On Your Remittance

Invoice # 504766
Customer # 000000001722894

Mail Checks To:
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Attn: Accounts Receivable Department
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INVOICE**Page 1**

HEOP
ATTN: GERRI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 505328
Invoice Date: 02/17/2016
Billing End Date: 02/16/2016
Customer ID: 000000001722894
AR Program: 12 HEOP
Payment Terms: NET30

Send All Payments To: Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660

Invoice Due Date: 03/17/2016

For All Inquiries: Call: -908/991-2555
Fax: -908/991-2882

Student	Student ID	Reference ID	Transaction Date	Transaction/ Item ID	Amount	Total
		000000015482541	02/16/2016	07090-20160216-0002-9247	106.95	106.95
		000000015482540	02/16/2016	07090-20160216-0002-9246	194.90	194.90
				SERVICE FEE		0.00
				Total		301.85

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ATTN: GERRI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 505328
Invoice Date: 02/17/2016
Billing End Date: 02/16/2016
Customer ID: 000000001722894
AR Program: 12 HEOP
Payment Terms: NET30

Invoice Due Date: 03/17/2016

Total Amount Due: 301.85

Amount Paid: _____

Payment Instructions On Your Remittance

Invoice # 505328
Customer # 000000001722894

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Barnes & Noble College Booksellers, LLC.
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PO Box 823660, Philadelphia, PA 19182-3660

INVOICE**Page 1**

HEOP
ATTN: GERRI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 505484
Invoice Date: 02/19/2016
Billing End Date: 02/18/2016
Customer ID: 000000001722894
AR Program: 12 HEOP
Payment Terms: NET30

Send All Payments To: Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660

Invoice Due Date: 03/19/2016

For All Inquiries: Call: -908/991-2555
Fax: -908/991-2882

Student	Student ID	Reference ID	Transaction Date	Transaction/ Item ID	Amount	Total
		000000015482093	02/18/2016	07090-20160218-0001-9889	201.97	201.97
		000000015482553	02/18/2016	07090-20160218-0001-9886	95.22	95.22
Total						297.19

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ATTN: GERRI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 505484
Invoice Date: 02/19/2016
Billing End Date: 02/18/2016
Customer ID: 000000001722894
AR Program: 12 HEOP
Payment Terms: NET30

Invoice Due Date: 03/19/2016

Total Amount Due: 297.19

Amount Paid: _____

Payment Instructions On Your Remittance

Invoice # 505484
Customer # 000000001722894

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INVOICE**Page 1**

BURSAR
ATTN: SHARON DINAPOLI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 495156
Invoice Date: 01/27/2016
Billing End Date: 01/26/2016
Customer ID: 000000001721590
AR Program: 11 BURSAR
Payment Terms: NET30

Send All Payments To: Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660

Invoice Due Date: 02/25/2016

For All Inquiries: Call: -908/991-2555
Fax: -908/991-2882

Student	Student ID	Reference ID	Transaction Date	Transaction/ Item ID	Amount	Total
		00000015439177	01/26/2016	07090-20160126-0002-7692	111.20	111.20
		000000015439176	01/26/2016	07090-20160126-0002-7685	169.60	169.60
		000000015439179	01/26/2016	07099-20160126-7777-0703	267.65	267.65
				SERVICE FEE		0.00
				Total		548.45

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INVOICE-Remittance Advice

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BURSAR
ATTN: SHARON DINAPOLI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 495156
Invoice Date: 01/27/2016
Billing End Date: 01/26/2016
Customer ID: 000000001721590
AR Program: 11 BURSAR
Payment Terms: NET30

Invoice Due Date: 02/25/2016

Total Amount Due: 548.45

Amount Paid: _____

Payment Instructions On Your Remittance

Invoice # 495156
Customer # 000000001721590

Mail Checks To:
Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
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Philadelphia, PA 19182-3660

Wire/ACH Payments: Please contact our Cash Applications Dept
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Email: collections@bncollege.com

BARNES & NOBLE
COLLEGE

PO Box 823660, Philadelphia, PA 19182-3660

INVOICE**Page 1**

BURSAR
ATTN: SHARON DINAPOLI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 495323
Invoice Date: 01/28/2016
Billing End Date: 01/27/2016
Customer ID: 000000001721590
AR Program: 11 BURSAR
Payment Terms: NET30

Send All Payments To: Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660

Invoice Due Date: 02/26/2016

For All Inquiries: Call: -908/991-2555
Fax: -908/991-2882

Student	Student ID	Reference ID	Transaction Date	Transaction/ Item ID	Amount	Total
		000000015439178	01/27/2016	07090-20160127-0003-9005	308.40	308.40
		000000015444412	01/27/2016	07090-20160127-0002-7731	276.50	276.50
Total						584.90



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INVOICE-Remittance Advice

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BURSAR
ATTN: SHARON DINAPOLI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 495323
Invoice Date: 01/28/2016
Billing End Date: 01/27/2016
Customer ID: 000000001721590
AR Program: 11 BURSAR
Payment Terms: NET30

Invoice Due Date: 02/26/2016

Total Amount Due: 584.90

Amount Paid: _____

Payment Instructions On Your Remittance

Invoice # 495323
Customer # 000000001721590

Mail Checks To:
Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660

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BARNES & NOBLE
COLLEGE

PO Box 823660, Philadelphia, PA 19182-3660

INVOICE**Page 1**

BURSAR
ATTN: SHARON DINAPOLI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 497283
Invoice Date: 02/01/2016
Billing End Date: 01/31/2016
Customer ID: 000000001721590
AR Program: 11 BURSAR
Payment Terms: NET30

Send All Payments To: Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660

Invoice Due Date: 03/01/2016

For All Inquiries: Call: -908/991-2555
Fax: -908/991-2882

Student	Student ID	Reference ID	Transaction Date	Transaction/Item ID	Amount	Total
		000000015439177	01/28/2016	07090-20160128-0003-9089	-62.45	
			01/28/2016	07090-20160128-0003-9090	40.80	
			01/29/2016	07090-20160129-0003-9147	62.45	40.80
		000000015469392	01/29/2016	07090-20160129-0003-9126	43.99	43.99
		000000015439175	01/28/2016	07090-20160128-0003-9040	362.45	362.45
		000000015480557	01/30/2016	07099-20160130-7777-0801	185.00	185.00
		000000015458403	01/29/2016	07090-20160129-0003-9104	600.00	600.00
		000000015469394	01/30/2016	07099-20160130-7777-0821	109.70	109.70
		000000015480555	01/30/2016	07090-20160130-0003-9179	180.25	180.25
		000000015458400	01/28/2016	07099-20160128-7777-0741	474.80	474.80
				SERVICE FEE		0.00
				Total		1,996.99



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ATTN: SHARON DINAPOLI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 497283
Invoice Date: 02/01/2016
Billing End Date: 01/31/2016
Customer ID: 000000001721590
AR Program: 11 BURSAR
Payment Terms: NET30

Invoice Due Date: 03/01/2016

Total Amount Due: 1,996.99

Amount Paid: _____

Payment Instructions On Your Remittance

Invoice # 497283
Customer # 000000001721590

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Attn: Accounts Receivable Department
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INVOICE**Page 1**

BURSAR
ATTN: SHARON DINAPOLI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 502392
Invoice Date: 02/02/2016
Billing End Date: 02/01/2016
Customer ID: 000000001721590
AR Program: 11 BURSAR
Payment Terms: NET30

Send All Payments To: Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660

Invoice Due Date: 03/02/2016

For All Inquiries: Call: -908/991-2555
Fax: -908/991-2882

Student	Student ID	Reference ID	Transaction Date	Transaction/ Item ID	Amount	Total
		000000015439175	02/01/2016	07090-20160201-0001-8783	61.05	23.50
			02/01/2016	07090-20160201-0002-8063	-61.05	
			02/01/2016	07090-20160201-0002-8065	61.05	
			02/01/2016	07090-20160201-0002-8066	-37.55	
		000000015439176	02/01/2016	07090-20160201-0002-7944	41.35	41.35
		000000015481936	02/01/2016	07090-20160201-0002-8012	240.56	277.11
			02/01/2016	07090-20160201-0002-8013	36.55	
Total						341.96



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BURSAR
ATTN: SHARON DINAPOLI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 502392
Invoice Date: 02/02/2016
Billing End Date: 02/01/2016
Customer ID: 000000001721590
AR Program: 11 BURSAR
Payment Terms: NET30

Invoice Due Date: 03/02/2016

Total Amount Due: 341.96

Amount Paid: _____

Payment Instructions On Your Remittance

Invoice # 502392
Customer # 000000001721590

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BARNES & NOBLE
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INVOICE**Page 1**

BURSAR
ATTN: SHARON DINAPOLI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 502562
Invoice Date: 02/03/2016
Billing End Date: 02/02/2016
Customer ID: 000000001721590
AR Program: 11 BURSAR
Payment Terms: NET30

Send All Payments To: Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
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Invoice Due Date: 03/03/2016

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Student	Student ID	Reference ID	Transaction Date	Transaction/Item ID	Amount	Total
		000000015484537	02/02/2016	07090-20160202-0002-8296	6.18	
			02/02/2016	07090-20160202-0003-9426	198.37	204.55
		000000015439178	02/02/2016	07090-20160202-0003-9510	14.10	14.10
		000000015482130	02/02/2016	07090-20160202-0002-8268	264.40	264.40
		000000015482072	02/02/2016	07090-20160202-0002-8179	174.55	174.55
		000000015482129	02/02/2016	07090-20160202-0003-9436	358.30	358.30
		000000015482533	02/02/2016	07090-20160202-0002-8278	36.80	36.80
		000000015482574	02/02/2016	07090-20160202-0003-9313	85.40	85.40
		000000015482578	02/02/2016	07090-20160202-0001-8829	131.60	131.60
		000000015482121	02/02/2016	07090-20160202-0001-8864	245.95	245.95
		000000015481936	02/02/2016	07090-20160202-0003-9307	8.69	8.69
		000000015482120	02/02/2016	07090-20160202-0003-9351	291.95	291.95
		000000015482119	02/02/2016	07090-20160202-0001-8963	235.65	235.65
Total						2,051.94

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IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 502562
Invoice Date: 02/03/2016
Billing End Date: 02/02/2016
Customer ID: 000000001721590
AR Program: 11 BURSAR
Payment Terms: NET30

Invoice Due Date: 03/03/2016

Total Amount Due: 2,051.94

Amount Paid: _____

Payment Instructions On Your Remittance

Invoice # 502562
Customer # 000000001721590

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BURSAR
ATTN: SHARON DINAPOLI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 502694
Invoice Date: 02/04/2016
Billing End Date: 02/03/2016
Customer ID: 000000001721590
AR Program: 11 BURSAR
Payment Terms: NET30

Invoice Due Date: 03/04/2016

Total Amount Due: 3,427.62

Amount Paid: _____

Payment Instructions On Your Remittance

Invoice # 502694
Customer # 000000001721590

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INVOICE**Page 1**

BURSAR
ATTN: SHARON DINAPOLI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 502836
Invoice Date: 02/05/2016
Billing End Date: 02/04/2016
Customer ID: 000000001721590
AR Program: 11 BURSAR
Payment Terms: NET30

Send All Payments To: Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660

Invoice Due Date: 03/05/2016

For All Inquiries: Call: -908/991-2555
Fax: -908/991-2882

Student	Student ID	Reference ID	Transaction Date	Transaction/ Item ID	Amount	Total
		000000015485152	02/04/2016	07090-20160204-0001-9255	208.90	208.90
		000000015485155	02/04/2016	07090-20160204-0001-9355	192.40	192.40
		000000015482533	02/04/2016	07090-20160204-0002-8501	6.51	6.51
		000000015486810	02/04/2016	07090-20160204-0002-8687	544.45	544.45
		000000015485154	02/04/2016	07090-20160204-0002-8622	-98.20	
			02/04/2016	07090-20160204-0002-8623	73.15	-25.05
		000000015480556	02/04/2016	07090-20160204-0002-8628	38.84	38.84
		000000015485153	02/04/2016	07090-20160204-0002-8610	-90.95	
			02/04/2016	07090-20160204-0002-8611	109.58	18.63
		000000015486811	02/04/2016	07090-20160204-0001-9272	193.65	193.65
		000000015489707	02/04/2016	07099-20160204-7777-0901	292.20	292.20
Total						1,470.53



PO Box 823660, Philadelphia, PA 19182-3660

INVOICE-Remittance Advice

(Please include this Remittance Advice with your payment)

BURSAR
ATTN: SHARON DINAPOLI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 502836
Invoice Date: 02/05/2016
Billing End Date: 02/04/2016
Customer ID: 000000001721590
AR Program: 11 BURSAR
Payment Terms: NET30

Invoice Due Date: 03/05/2016

Total Amount Due: 1,470.53

Amount Paid: _____

Payment Instructions On Your Remittance

Invoice # 502836
Customer # 000000001721590

Mail Checks To:
Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660

Wire/ACH Payments: Please contact our Cash Applications Dept
908-991-2350

For all Inquiries contact the Collections Department

Call: -908/991-2555
Fax: -908/991-2882
Email: collections@bncollege.com

BARNES & NOBLE
COLLEGE

PO Box 823660, Philadelphia, PA 19182-3660

INVOICE**Page 1**

BURSAR
ATTN: SHARON DINAPOLI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 504191
Invoice Date: 02/08/2016
Billing End Date: 02/07/2016
Customer ID: 000000001721590
AR Program: 11 BURSAR
Payment Terms: NET30

Send All Payments To: Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660

Invoice Due Date: 03/08/2016

For All Inquiries: Call: -908/991-2555
Fax: -908/991-2882

Student	Student ID	Reference ID	Transaction Date	Transaction/ Item ID	Amount	Total
		000000015480732	02/06/2016	07090-20160206-0002-8709	148.35	148.35
		000000015482129	02/06/2016	07090-20160206-0001-9433	179.95	179.95
		000000015482075	02/06/2016	07090-20160206-0001-9398	-77.50	
			02/06/2016	07090-20160206-0001-9399	163.75	86.25
Total						414.55



PO Box 823660, Philadelphia, PA 19182-3660

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BURSAR
ATTN: SHARON DINAPOLI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 504191
Invoice Date: 02/08/2016
Billing End Date: 02/07/2016
Customer ID: 000000001721590
AR Program: 11 BURSAR
Payment Terms: NET30

Invoice Due Date: 03/08/2016

Total Amount Due: 414.55

Amount Paid: _____

Payment Instructions On Your Remittance

Invoice # 504191
Customer # 000000001721590

Mail Checks To:
Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660

Wire/ACH Payments: Please contact our Cash Applications Dept
908-991-2350

For all Inquiries contact the Collections Department

Call: -908/991-2555
Fax: -908/991-2882
Email: collections@bncollege.com

BARNES & NOBLE
COLLEGE

PO Box 823660, Philadelphia, PA 19182-3660

INVOICE**Page 1**

BURSAR
ATTN: SHARON DINAPOLI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 504555
Invoice Date: 02/10/2016
Billing End Date: 02/09/2016
Customer ID: 000000001721590
AR Program: 11 BURSAR
Payment Terms: NET30

Send All Payments To: Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660

Invoice Due Date: 03/10/2016

For All Inquiries: Call: -908/991-2555
Fax: -908/991-2882

Student	Student ID	Reference ID	Transaction Date	Transaction/Item ID	Amount	Total
		000000015485156	02/09/2016	07090-20160209-0001-9460	321.94	321.94
		000000015469395	02/09/2016	07090-20160209-0002-8841	433.49	433.49
		000000015439176	02/09/2016	07090-20160209-0001-9463	-41.35	
			02/09/2016	07090-20160209-0001-9464	41.35	0.00
		000000015485160	02/09/2016	07090-20160209-0003-9781	67.60	67.60
		000000015482081	02/09/2016	07090-20160209-0002-8874	45.18	45.18
		000000015469393	02/09/2016	07090-20160209-0003-9775	108.95	108.95
		000000015499930	02/09/2016	07090-20160209-0001-9526	12.75	12.75
		000000015499982	02/09/2016	07090-20160209-0002-8865	341.72	341.72
		000000015500528	02/09/2016	07090-20160209-0003-9805	263.80	263.80
		000000015499171	02/09/2016	07090-20160209-0001-9467	268.00	268.00
		000000015500274	02/09/2016	07090-20160209-0001-9546	174.65	174.65
				SERVICE FEE		0.00
				Total		2,038.08



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INVOICE-Remittance Advice

(Please include this Remittance Advice with your payment)

BURSAR
ATTN: SHARON DINAPOLI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 504555
Invoice Date: 02/10/2016
Billing End Date: 02/09/2016
Customer ID: 000000001721590
AR Program: 11 BURSAR
Payment Terms: NET30

Invoice Due Date: 03/10/2016

Total Amount Due: 2,038.08

Amount Paid: _____

Payment Instructions On Your Remittance

Invoice # 504555
Customer # 000000001721590

Mail Checks To:
Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660

Wire/ACH Payments: Please contact our Cash Applications Dept
908-991-2350

For all Inquiries contact the Collections Department

Call: -908/991-2555
Fax: -908/991-2882
Email: collections@bncollege.com

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COLLEGE

PO Box 823660, Philadelphia, PA 19182-3660

INVOICE**Page 1**

BURSAR
ATTN: SHARON DINAPOLI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 504679
Invoice Date: 02/11/2016
Billing End Date: 02/10/2016
Customer ID: 000000001721590
AR Program: 11 BURSAR
Payment Terms: NET30

Send All Payments To: Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660

Invoice Due Date: 03/11/2016

For All Inquiries: Call: -908/991-2555
Fax: -908/991-2882

Student	Student ID	Reference ID	Transaction Date	Transaction/ Item ID	Amount	Total
		000000015500528	02/10/2016	07090-20160210-0001-9600	-263.80	
			02/10/2016	07090-20160210-0001-9601	450.40	186.60
		000000015501434	02/10/2016	07090-20160210-0002-9009	355.80	355.80
Total						542.40



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INVOICE-Remittance Advice

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BURSAR
ATTN: SHARON DINAPOLI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 504679
Invoice Date: 02/11/2016
Billing End Date: 02/10/2016
Customer ID: 000000001721590
AR Program: 11 BURSAR
Payment Terms: NET30

Invoice Due Date: 03/11/2016

Total Amount Due: 542.40

Amount Paid: _____

Payment Instructions On Your Remittance

Invoice # 504679
Customer # 000000001721590

Mail Checks To:
Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660

Wire/ACH Payments: Please contact our Cash Applications Dept
908-991-2350

For all Inquiries contact the Collections Department

Call: -908/991-2555
Fax: -908/991-2882
Email: collections@bncollege.com

BARNES & NOBLE
COLLEGE

PO Box 823660, Philadelphia, PA 19182-3660

INVOICE**Page 1**

BURSAR
ATTN: SHARON DINAPOLI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 504781
Invoice Date: 02/12/2016
Billing End Date: 02/11/2016
Customer ID: 000000001721590
AR Program: 11 BURSAR
Payment Terms: NET30

Send All Payments To: Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660

Invoice Due Date: 03/12/2016

For All Inquiries: Call: -908/991-2555
Fax: -908/991-2882

Student	Student ID	Reference ID	Transaction Date	Transaction/ Item ID	Amount	Total
		000000015444412	02/11/2016	07090-20160211-0003-9951	151.25	151.25
		000000015503725	02/11/2016	07090-20160211-0001-9744	230.24	
			02/11/2016	07090-20160211-0001-9745	21.79	252.03
		000000015481936	02/11/2016	07090-20160211-0001-9661	27.94	
			02/11/2016	07090-20160211-0002-9114	48.36	76.30
		000000015506758	02/11/2016	07090-20160211-0002-9136	70.00	70.00
Total						549.58



PO Box 823660, Philadelphia, PA 19182-3660

INVOICE-Remittance Advice

(Please include this Remittance Advice with your payment)

BURSAR
ATTN: SHARON DINAPOLI
IDLE HOURS BOULEVARD
OAKDALE, NY 11769

Invoice #: 504781
Invoice Date: 02/12/2016
Billing End Date: 02/11/2016
Customer ID: 000000001721590
AR Program: 11 BURSAR
Payment Terms: NET30

Invoice Due Date: 03/12/2016

Total Amount Due: 549.58

Amount Paid: _____

Payment Instructions On Your Remittance

Invoice # 504781
Customer # 000000001721590

Mail Checks To:
Barnes & Noble College Booksellers, LLC.
Attn: Accounts Receivable Department
PO Box 823660
Philadelphia, PA 19182-3660

Wire/ACH Payments: Please contact our Cash Applications Dept
908-991-2350

For all Inquiries contact the Collections Department

Call: -908/991-2555
Fax: -908/991-2882
Email: collections@bncollege.com

CLAIM NO. 187

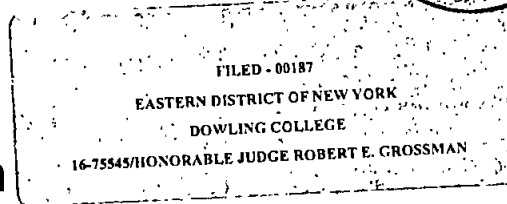
UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF NEW YORK

Name of Debtor:
Dowling CollegeCase No.
16-75545

Your Claim is Scheduled As Follows:

IF YOU HAVE SUBMITTED THIS PROOF OF CLAIM FORM ELECTRONICALLY, YOU DO NOT NEED TO SUBMIT THIS FORM. PLEASE RETAIN A COPY FOR YOUR RECORDS.

DC00200829965 00000215

BLOCK CHIROPRACTIC SPORTS AND WELLNESS
301 MAPLE AVE
SMITHTOWN NY 11787

If an amount is identified above, you have a claim scheduled by the Debtor. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.

Proof of Claim

Official Form 410*

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

This chapter 11 case was commenced in the United States Bankruptcy Court for the Eastern District of NY, on November 29, 2016 (the "Petition Date.") Fill in all the information for the claim as of the Petition Date.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Block Chiropractic Sports & Wellness</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor <u>Dr. Jeffrey M. Block</u>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name <u>Block Chiropractic</u> Number <u>301 Maple Ave</u> Street <u>Smithtown NY 11787</u> City State ZIP Code Contact phone <u>631-543-0004</u> Contact email <u>DrJeff@BlockChiropractic.com</u>	Name <u>SAINE</u> Number _____ Street City _____ State _____ ZIP Code Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM/DD/YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	


Part 2: Give Information About the Claim as of the Date the Case Was Filed

6.	Do you have any number you use to identify the debtor?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____	
7.	How much is the claim?	\$ <u>81767.00</u>	Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. <u>Chiropractic & Physical Therapy provided → debtor failed to pay this Co.</u>	
9.	Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. <u>So they didn't pay our claims. These were due to injuries sustained while playing sport for debtor.</u> Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <u>Mortgage Proof of Claim</u> Attachment (Official Form 410-A) with this <u>Proof of Claim</u> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) <u>7</u> % <input checked="" type="checkbox"/> Fixed <input type="checkbox"/> Variable	
10.	Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____	
11.	Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____	
12.	Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Check all that apply:	Amount entitled to priority _____ _____ _____ _____ _____ _____ _____
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.		<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.



Part 3: Sign Below

The person completing this proof of claim must sign and date it.
FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date

11/30/17
MM / DD / YYYY

Signature

Print the name of the person who is completing and signing this claim:

Name

First name

Middle name

Last name

Title

Company

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

Number

Street

City

State

ZIP Code

Contact phone

Email

IF SUBMITTING A HARD COPY OF A PROOF OF CLAIM FORM, PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS:
IF BY MAIL: DOWLING COLLEGE CASE ADMINISTRATION, C/O GCG, P.O. BOX 10342, DUBLIN, OHIO 43017-5542. **IF BY HAND OR OVERNIGHT COURIER:** DOWLING COLLEGE CASE ADMINISTRATION, C/O GCG, 5151 BLAZER PARKWAY, SUITE A, DUBLIN, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

IF YOU ARE SUBMITTING YOUR PROOF OF CLAIM ELECTRONICALLY, YOU WILL RECEIVE AN EMAIL CONFIRMATION OF YOUR CLAIM SUBMISSION. YOU WILL ALSO BE PROVIDED WITH AN ELECTRONICALLY DATE STAMPED PDF OF YOUR CLAIM. YOU MAY PRINT AND RETAIN A COPY OF THIS DOCUMENT FOR YOUR RECORDS.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS MARCH 10, 2017 AT 5:00 P.M. (PREVAILING EASTERN TIME)
THE GOVERNMENTAL BAR DATE IS MAY 30, 2017 AT 5:00 P.M. (PREVAILING EASTERN TIME)

Official Form 410

Instructions for Proof of Claim

United States Bankruptcy Court

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, Garden City Group, LLC ("GCG"), are not authorized and are not providing you with any legal advice.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157 and 3571.

How to fill out this form

- **Fill in all the information for the claim as of the Petition Date.**
- **If the claim has been acquired from someone else, then state the identity of the last party** who owned the claim or was the holder of the claim and who transferred it to you before the initial claim was filed.
- **Attach any supporting documents to this form.**
Attach redacted copies of any documents that show that the debt exists, a lien secures the debt, or both. (See the definition of *Redaction* of information in the section below.)
Also attach redacted copies of any documents that show perfection of any security interest or any assignments or transfers of the debt. In addition to the documents, a summary may be added. Federal Rule of Bankruptcy Procedure (called "Bankruptcy Rule") 3001(c) and (d).
- **Do not attach original documents because attachments may be destroyed after scanning.**
- **If the claim is based on delivering health care goods or services, do not disclose confidential health care information. Leave out or redact confidential information both in the claim and in the attached documents.**
- **A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, individual's tax identification number, or financial account number, and only the year of any person's date of birth. See Bankruptcy Rule 9037.**
- **For a minor child, fill in only the child's initials and the full name and address of the child's parent or guardian. For example, write A.B., a minor child (John Doe, parent, 123 Main St., City, State). See Bankruptcy Rule 9037.**

Confirmation that the claim has been filed

To receive confirmation that the claim has been filed, enclose a stamped self-addressed envelope and a copy of this form. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed. You will also be able to view the details of your claim and the first page of your *Proof of Claim* form on the claims register hosted on the case administration website, www.gardencitygroup.com/cases/dco.

**Understand the terms used in this form**

Administrative expense: Generally, an expense that arises after a bankruptcy case is filed in connection with operating, liquidating, or distributing the bankruptcy estate. 11 U.S.C. § 503.

Claim: A creditor's right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (5). A claim may be secured or unsecured.

Creditor: A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (13).

Debtor: A person, corporation, or other entity who is in bankruptcy. Use the debtor's name and case number as shown in the bankruptcy notice you received. 11 U.S.C. § 101 (13).

Evidence of perfection: Evidence of perfection of a security interest may include documents showing that a security interest has been filed or recorded, such as a mortgage, lien, certificate of title, or financing statement.

Information that is entitled to privacy: A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth. If a claim is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. You may later be required to give more information if the trustee or someone else in interest objects to the claim.

Priority claim: A claim within a category of unsecured claims that is entitled to priority under 11 U.S.C. § 507(a). These claims are paid from the available money or property in a bankruptcy case before other unsecured claims are paid. Common priority unsecured claims include alimony, child support, taxes, and certain unpaid wages.

Proof of claim: A form used by the creditor to indicate the amount of the debt owed by the Debtor on the date of the bankruptcy filing. The creditor must file the form with GCG as described in the instructions above and in the Bar Date Notice.

Redaction of information: *Masking, editing out, or deleting certain information to protect privacy. Filers must redact or leave out information entitled to privacy on the Proof of Claim form and any attached documents.*

Secured claim under 11 U.S.C. § 506(a): A claim backed by a lien on particular property of the debtor. A claim is secured to the extent that a creditor has the right to be paid from the property before other creditors are paid. The amount of a secured claim usually cannot be more than the value of the particular property on which the creditor has a lien. Any amount owed to a creditor that is more than the value of the property normally may be an unsecured claim. But exceptions exist; for example, see 11 U.S.C. § 1322(b) and the final sentence of 1325(a).

Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment may be a lien.

Setoff: Occurs when a creditor pays itself with money belonging to the debtor that it is holding, or by canceling a debt it owes to the debtor.

Uniform claim identifier: An optional 24-character identifier that some creditors use to facilitate electronic payment.

Unsecured claim: A claim that does not meet the requirements of a secured claim. A claim may be unsecured in part to the extent that the amount of the claim is more than the value of the property on which a creditor has a lien.

Display of Proof of Claim on Case Administration Website: As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display one or more pages of your proof of claim on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim will be displayed over the Internet.

Offers to purchase a claim

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the debtor. A creditor has no obligation to sell its claim. However, if a creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) that apply, and any orders of the bankruptcy court that apply.

Do not file these instructions with your form.

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK**

-----X	
In re	: Chapter 11
	:
DOWLING COLLEGE,	:
f/d/b/a DOWLING INSTITUTE,	: Case No. 16-75545 (REG)
f/d/b/a DOWLING COLLEGE ALUMNI	:
ASSOCIATION,	:
f/d/b/a CECOM,	:
a/k/a DOWLING COLLEGE, INC.,	:
	:
Debtor.	:
-----X	

**NOTICE OF DEADLINE REQUIRING FILING OF PROOFS OF
CLAIM ON OR BEFORE MARCH 10, 2017 (GENERAL BAR DATE)
AND MAY 30, 2017 (GOVERNMENTAL BAR DATE)**

TO ALL PERSONS AND ENTITIES WITH CLAIMS AGAINST DOWLING COLLEGE:

The United States Bankruptcy Court for the Eastern District of New York, having jurisdiction over Dowling College (“Dowling” or the “Debtor”) in the above captioned chapter 11 case (the “Chapter 11 Case”), entered an order (the “Bar Date Order”) establishing **March 10, 2017 at 5:00 p.m. (prevailing Eastern Time)** as the last date for each person or entity (including, without limitation, individuals, partnerships, corporations, joint ventures, and trusts) to file a proof of claim based on prepetition claims against the Debtor (the “General Bar Date”); and (ii) **May 30, 2017 at 5:00 p.m. (prevailing Eastern Time)** as the last date and time for each governmental unit (as defined in Section 101(27) of the title 11 of the United States Code (the “Bankruptcy Code”)) to file a proof of claim based on prepetition claims against the Debtor (the “Governmental Bar Date” and, together with the General Bar Date, the “Bar Dates”).

The Bar Dates and the procedures set forth below for filing proofs of claim apply to all claims against the Debtor that arose prior to November 29, 2016 (the “Petition Date”), the date on which the Debtor commenced a case under chapter 11 of the Bankruptcy Code, except for those

holders of the claims listed in Section 4 below that are specifically excluded from the Bar Date filing requirement.

1. WHO MUST FILE A PROOF OF CLAIM

You MUST file a proof of claim to vote on a Chapter 11 plan filed by the Debtor or to share in distributions from the Debtor's bankruptcy estate if you have a claim that arose prior to the Petition Date, and it is not one of the types of claim described in Section 4 below. Claims based on acts or omissions of the Debtor that occurred before the Petition Date, including, without limitation, those that may be entitled to administrative claim status pursuant to 503(b)(9), must be filed on or prior to the Bar Date, even if such claims are not now fixed, liquidated or certain or did not mature or become fixed, liquidated or certain before the Petition Date.

Under Section 101(5) of the Bankruptcy Code and as used in this Notice, the word "claim" means: (a) a right to payment, whether or not such right is reduced to judgment, liquidated, unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal, equitable, secured, or unsecured; or (b) a right to an equitable remedy for breach of performance if such breach gives rise to a right to payment, whether or not such right to an equitable remedy is reduced to judgment, fixed, contingent, matured, unmatured, disputed, undisputed, secured or unsecured.

2. WHAT TO FILE

Your filed Proof of Claim must be in the form annexed to this notice or otherwise conform substantially to Official Form No. B410, which can be viewed at <http://www.uscourts.gov/forms/bankruptcy-forms>. Additional Proof of Claim Forms can be obtained at the Debtor's Claims Agent Website at <http://cases.gardencitygroup.com/dco>.

The proof of claim form must be **signed** by the claimant or, if the claimant is not an individual, by an authorized agent of the claimant. It must be written in English and be denominated in United States currency. You must attach to your completed proof of claim any documents on which the claim is based (if voluminous, attach a summary).

Your proof of claim form shall not contain complete social security numbers or taxpayer identification numbers (only the last four digits), a complete birth date (only the year), the name of a minor (only the minor's initials) or a financial account number (only the last four digits of such financial account).

3. WHEN AND WHERE TO FILE

Except as provided for herein, all proofs of claim must be filed so as to be **actually received on or before** the applicable Bar Date.

To file a proof of claim, you must submit your claim either (i) electronically by utilizing the Online Portal that can be accessed at Debtor's Court appointed Claims Agent's website: <http://www.gardencitygroup.com/cases/dco> or (ii) by delivering the original proof of claim either by U.S. Postal Service mail or overnight delivery on the Debtor's Court appointed Claims Agent or the Bankruptcy Court at:

IF BY FIRST CLASS MAIL:

Dowling College Case Administration
c/o GCG
P.O. Box 10342
Dublin, OH 43017-5542

OR

IF BY HAND DELIVERY OR OVERNIGHT MAIL:

Dowling College Case Administration

c/o GCG
5151 Blazer Parkway, Suite A
Dublin, Ohio 43017

OR

IF BY HAND DELIVERY:

United States Bankruptcy Court, EDNY
Alfonse D'Amato U.S. Courthouse
290 Federal Plaza
Central Islip, New York 11722
Attn: Clerk of the Court

Each Proof of Claim shall be deemed timely filed only if (i) the proof of claim is submitted electronically, so as to be actually received by GCG on or before the applicable Bar Date, by using the Online Portal, or (ii) the Proof of Claim is mailed or delivered so as to be actually received by the Debtor's court approved claims agent, GCG, or by the Court, on or before the applicable Bar Date at the address listed herein.

ANY CREDITOR THAT ELECTRONICALLY FILES A PROOF OF CLAIM SHALL RETAIN SUCH PROOF OF CLAIM (AND SUPPORTING DOCUMENTS) WITH AN ORIGINAL SIGNATURE FOR A PERIOD OF NOT LESS THAN TWO (2) YEARS FROM THE DATE THE PROOF OF CLAIM IS ELECTRONICALLY FILED.

Except as expressly permitted in the context of electronic submission via the Online Portal, proofs of claim sent by facsimile, telecopy or electronic mail transmission will not be accepted.

4. WHO NEED NOT FILE A PROOF OF CLAIM

You do **not** need to file a proof of claim on or before the applicable Bar Date if you are:

- (a) A person or entity that has already filed a proof of claim against the Debtor in this case with the Clerk of the Bankruptcy Court for the Eastern District of New York in a form substantially similar to Official Bankruptcy Form No. B410;
- (b) A person or entity whose claim is listed on the Schedules of Assets and Liabilities filed by the Debtor (collectively, the “Schedules”) [Docket Entry No. 93] if (i) the claim is not scheduled as “disputed,” “contingent,” or “unliquidated” and (ii) you agree with the amount, nature and priority of the claim as set forth in the Schedules;
- (c) A holder of a claim that has already been allowed in this case by order of the Court;
- (d) A holder of a claim for which a different deadline for filing a proof of claim in this case has already been fixed by this Court;
- (e) A holder of a claim allowable under Sections 503(b), other than a claim entitled to administrative priority pursuant to Sections 503(b)(9) and 507(a)(2) of the Bankruptcy Code as an expense of administration of the Debtor’s estate; or
- (f) Any person or entity whose claim is limited exclusively to the repayment of principal, interest and other fees and expenses (a “Debt Claim”) under the agreements governing any syndicated credit facility or debt security (including, without limitation, any municipal, taxable or tax-exempt bond) issued by or for the benefit of the Debtor pursuant to an indenture (together, the “Debt Instruments”); *provided, however*, that (i) the foregoing exclusion in this subparagraph shall not apply to the administrative agent under the applicable credit facility or the indenture trustee under the applicable indenture (each, a “Debt Representative”), (ii) each Debt Representative shall be authorized to and required to file a single proof of claim, on or before the General Bar Date, on account of all Debt Claims against the Debtor under the applicable Debt Instruments and (iii) any holder of a

Debt Claim wishing to assert a claim, other than a Debt Claim, arising out of or relating to a Debt Instrument, shall be required to file a proof of claim with respect to such claim on or before the General Bar Date, unless another exception identified herein applies. In addition, with respect to claims filed by any indenture trustee under the applicable indenture, such claimants need not attach copies of the documents evidencing and/or securing the claims.

If you are a holder of an equity interest in the Debtor, you need not file a proof of interest with respect to the ownership of such equity interest at this time. But, if you assert a claim against the Debtor, including a claim relating to your equity interest or the purchase or sale of that interest you must file a proof of claim on or prior to the applicable Bar Date in accordance with the procedures set forth in this Notice.

This Notice is being sent to many persons and entities that have had some relationship with or have done business with the Debtor but may not have an unpaid claim against the Debtor. The fact that you have received this Notice does not mean that you have a claim, or that the Debtor or the Court believes that you have a claim against the Debtor.

5. EXECUTORY CONTRACTS AND UNEXPIRED LEASES

If you have a claim arising out of the rejection of an executory contract or unexpired lease as to which the order authorizing such rejection is dated on or before January 13, 2017, the date of entry of the Bar Date Order, you must file a proof of claim based on such rejection on or before the later of the applicable Bar Date or the date that is 30 days after the date of the order authorizing such rejection. Any person or entity that has a claim arising from the rejection of an executory contract or unexpired lease, as to which the order is dated after the date of entry of the Bar Date Order, you must file a proof of claim with respect to such claim by the later of 30 days

after the effective date of such rejection or such other date fixed by the Court in the applicable order authorizing rejection of such contract or lease.

6. CONSEQUENCES OF FAILURE TO FILE A PROOF OF CLAIM BY THE APPLICABLE BAR DATE

ANY HOLDER OF A CLAIM THAT IS NOT EXCEPTED FROM THE REQUIREMENTS OF THIS ORDER, AS SET FORTH IN SECTION 4 ABOVE, AND THAT FAILS TO TIMELY FILE A PROOF OF CLAIM IN THE APPROPRIATE FORM, WILL BE BARRED FROM ASSERTING ITS CLAIM AGAINST THE DEBTOR AND ITS CHAPTER 11 ESTATE, VOTING ON ANY PLAN OF LIQUIDATION FILED IN THIS CASE, AND PARTICIPATING IN ANY DISTRIBUTION IN THE DEBTOR'S CHAPTER 11 CASE ON ACCOUNT OF THAT CLAIM.

7. THE DEBTOR'S SCHEDULES AND ACCESS THERETO

You may be listed as the holder of a claim against the Debtor in the Debtor's Schedules. If you agree with the nature, amount and status of your claim as listed in the Debtor's Schedules, and if your claim is not described as "disputed," "contingent," or "unliquidated," you do not need to file a proof of claim. Otherwise, you must file a proof of claim before the applicable Bar Date in accordance with the procedures set forth in this Notice.

Copies of the Debtor's Schedules are available for inspection on the Court's Internet Website at <http://www.nyeb.uscourts.gov>. A login and password to the Court's Public Access to Electronic Court Records ("PACER") are required to access this information and can be obtained through the PACER Service Center at <http://www.pacer.gov>. Copies of the Debtor's Schedules may also be examined on the Website of the Debtor's Claims Agent at <http://cases.gardencitygroup.com/dco> or, between the hours of 9:00 a.m. and 4:30 p.m., Monday

through Friday at the Office of the Clerk of the Bankruptcy Court, Alfonse M. D'Amato U.S. Courthouse, 290 Federal Plaza, Central Islip, NY 11722. Copies of the Debtor's Schedules may also be obtained by written request to the Debtor's Claim Agent at the address set forth below:

Dowling College Case Administration
c/o GCG
P.O. Box 10342
Dublin, Ohio 43017-5542

If you are unsure about any of these matters, including whether you should file a proof of claim, you may wish to consult an attorney.

Dated: New York, New York
January 13, 2017

BY ORDER OF THE COURT

COUNSEL FOR THE DEBTOR AND DEBTOR IN POSSESSION
KLESTADT WINTERS JURELLER SOUTHARD & STEVENS, LLP
200 WEST 41ST STREET, 17TH FLOOR
NEW YORK, NEW YORK 10036
212.972.3000

ACCOUNTS RECEIVABLE AGING
Tuesday January 31, 2017

Data Filter(s):

Active patient index in use
 User-defined key: dowling

Search for bills older than: 0 days

Bryan Anderson #13743

Date of Birth : 08/18/1992
 Phone #'s : 631-472-8951
 Case # : 1
 Case Description : DOWLING

Payer #1 : OPTUM/OXFORD 877-369-7564
 Group# :
 ID# : 1092861501

Payer #2 : NAHGA CLAIM SERVICES 800-952-4320
 Group# :
 ID# : UIA6390A

Payer #3 : MUTUAL OF OMAHA- SRS 800-524-2324
 Group# :
 ID# : T5MP051085250

04/19/2016 Bill# 1 Payer#1 Period: 03/18/2016 - 04/01/2016 Amt: \$ 399.00 Bal: \$ 120.00 * >120 *
 Payer Rebilled 06/06/2016. ECS Claim
 Claim #18112903. Remarks: PR \$120 to 2ndary 6.6.16
 Billed secondary: 06/06/2016
 05/16/2016 Bill# 2 Payer#1 Period: 04/22/2016 - 04/29/2016 Amt: \$ 300.00 Bal: \$ 120.00 * >120 *
 Payer Rebilled 06/23/2016. ECS Claim
 Claim #18112903. Remarks: PR \$120 to 2ndary 6.23.16
 Billed secondary: 06/23/2016

Michele Andrews #10767

Date of Birth : 05/03/1992
 Phone #'s : 631-864-8295 / 631-332-3435
 Case # : 2
 Case Description : DOWLING PT

Payer #1 : UNITED HEALTHCARE / MPN 877-769-7447
 Group# :
 ID# : 890582566

Payer #2 : Health Smart 800-331-1096
 Group# :
 ID# : SRG9130832

Payer #4 : Mutual of Omaha 800-693-6093
 Guarantor : Michele Andrews
 Group# :
 ID# : T5MP051085250

03/08/2013 Bill# 2 Payer#1 Period: 02/20/2013 - 02/25/2013 Amt: \$ 475.00 Bal: \$ 427.00 * >120 *
 Payer Rebilled 07/07/2014. ECS Claim
 Remarks: \$48 pd to patient, PR \$427.00, cc to 2nd 4/10
 Billed secondary: 04/10/2013
 Billed secondary: 07/07/2014
 Billed secondary: 07/07/2014
 03/08/2013 Bill# 3 Payer#1 Period: 02/27/2013 - 02/27/2013 Amt: \$ 275.00 Bal: \$ 241.00 * >120 *
 Payer Rebilled 07/07/2014. ECS Claim
 Remarks: \$34 pd to pt, PR \$241.00, cc to 2nd 4/10 pending accident info per 6/4 eob
 Billed secondary: 04/10/2013
 Billed secondary: 07/07/2014
 Billed secondary: 07/07/2014
 03/15/2013 Bill# 4 Payer#1 Period: 03/13/2013 - 03/13/2013 Amt: \$ 280.00 Bal: \$ 246.00 * >120 *
 Payer Rebilled 07/07/2014. ECS Claim

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Remarks: \$34 pd to pt, PR \$241.00, cc to 2nd 4/10 pending accident info per 6/4 eob

Billed secondary: 04/10/2013

Billed secondary: 07/07/2014

Billed secondary: 07/07/2014

03/22/2013 Bill# 5 Payer#1 Period: 03/20/2013 - 03/20/2013 Amt: \$ 235.00 Bal: \$ 201.00 * >120 *

Payer Rebilled 07/07/2014. ECS Claim

Remarks: \$34 pd to pt, PR \$241.00, cc to 2nd 4/10 pending accident info per 6/4 eob

Billed secondary: 04/10/2013

Billed secondary: 07/07/2014

Billed secondary: 07/07/2014

Elizabeth Athing #12310

Date of Birth : 09/22/1995

Phone #'s : 631-586-8045

Case # : 1

Case Description : DOWLING Chiro

Payer #1 : OPTUM HEALTH 888-226-6216

Group# : NY20392

ID# : 1148510603

Payer #2 : NAHGA CLAIM SERVICES 800-952-4320

Guarantor : Elizabeth Athing

Group# :

ID# : UIA6390A

Payer #3 : Mutual of Omaha 800-693-6093

Guarantor : Elizabeth Athing

Group# :

ID# : T5MP051085250

09/22/2015 Bill# 17 Payer#1 Period: 08/21/2015 - 08/21/2015 Amt: \$ 238.00 Bal: \$ 10.00 * >120 *

Payer Rebilled 01/25/2016. ECS Claim

Claim #17291301. Remarks: PR \$10 to 2ndary 10.19.15 to nahga 1.25.16

Billed secondary: 10/19/2015

Billed secondary: 01/25/2016

09/22/2015 Bill# 18 Payer#1 Period: 08/28/2015 - 09/01/2015 Amt: \$ 300.00 Bal: \$ 20.00 * >120 *

Payer Rebilled 01/25/2016. ECS Claim

Claim #17291301. Remarks: PR \$20 to 2ndary 10.19.15 to nahga 1.25.16

Billed secondary: 10/19/2015

Billed secondary: 01/25/2016

09/22/2015 Bill# 19 Payer#1 Period: 09/02/2015 - 09/08/2015 Amt: \$ 300.00 Bal: \$ 20.00 * >120 *

Payer Rebilled 01/25/2016. ECS Claim

Claim #17291301. Remarks: PR \$20 to 2ndary 10.19.15 to nahga 1.25.16

Billed secondary: 10/19/2015

Billed secondary: 01/25/2016

09/22/2015 Bill# 20 Payer#1 Period: 09/11/2015 - 09/11/2015 Amt: \$ 150.00 Bal: \$ 10.00 * >120 *

Payer Rebilled 01/25/2016. ECS Claim

Claim #17291301. Remarks: PR \$10 to 2ndary 10.19.15 to nahga 1.25.16

Billed secondary: 10/19/2015

Billed secondary: 01/25/2016

10/01/2015 Bill# 21 Payer#1 Period: 09/22/2015 - 09/25/2015 Amt: \$ 300.00 Bal: \$ 20.00 * >120 *

Payer Rebilled 10/26/2015. ECS Claim

Claim #17291301. Remarks: PR \$20 to 2ndary 10.26.15 sent inj rpt to nahga and note

Billed secondary: 10/26/2015

10/21/2015 Bill# 22 Payer#1 Period: 09/29/2015 - 09/29/2015 Amt: \$ 150.00 Bal: \$ 10.00 * >120 *

Payer Rebilled 12/21/2015.

Claim #17291301. Remarks: PR \$10 to 2ndary 10.29.15 to nahga 12.21.15

Billed secondary: 10/29/2015

Billed secondary: 12/21/2015

10/21/2015 Bill# 23 Payer#1 Period: 10/06/2015 - 10/13/2015 Amt: \$ 300.00 Bal: \$ 20.00 * >120 *

Payer Rebilled 12/01/2015.

Claim #17323779. Remarks: PR \$20 to 2ndary 12.1.15 Nahga

Billed secondary: 12/01/2015

Billed secondary: 12/01/2015

10/21/2015 Bill# 24 Payer#1 Period: 10/20/2015 - 10/20/2015 Amt: \$ 150.00 Bal: \$ 10.00 * >120 *

Payer Rebilled 12/01/2015.

Claim #17323779. Remarks: PR \$10 to 2ndary 12.1.15 Nahga

Billed secondary: 12/01/2015

11/25/2015 Bill# 25 Payer#1 Period: 10/27/2015 - 11/10/2015 Amt: \$ 300.00 Bal: \$ 20.00 * >120 *

Payer Rebilled 12/29/2015. ECS Claim

Claim #17531219. Remarks: PR \$20 to 2ndary 12.29.15

Billed secondary: 12/29/2015

11/25/2015 Bill# 26 Payer#1 Period: 11/17/2015 - 11/17/2015 Amt: \$ 150.00 Bal: \$ 97.60 * >120 *

Payer Rebilled 12/29/2015. ECS Claim

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Claim #17531219. Remarks: PR \$10 to 2ndary 12.29.15
 Billed secondary: 12/29/2015
 Billed secondary: 12/29/2015
 12/04/2015 Bill# 27 Payer#1 Period: 12/01/2015 - 12/01/2015 Amt: \$ 150.00 Bal: \$ 97.60 * >120 *
 Payer Rebilled 01/15/2016. ECS Claim
 Claim #17531219. Remarks: PR \$10 to 2ndary 1.15.16
 Billed secondary: 01/15/2016
 12/21/2015 Bill# 28 Payer#1 Period: 12/08/2015 - 12/08/2015 Amt: \$ 150.00 Bal: \$ 10.00 * >120 *
 Payer Rebilled 02/03/2016. ECS Claim
 Claim #17531219. Remarks: PR \$10 to 2ndary 2.3.16
 Billed secondary: 02/03/2016
 02/29/2016 Bill# 29 Payer#1 Period: 02/01/2016 - 02/01/2016 Amt: \$ 238.00 Bal: \$ 238.00 * >120 *
 Payer Rebilled 04/21/2016. Patient Statement sent 01/25/2017. ECS Claim
 Claim #18158519. Remarks: no auth eob 3.15.16
 04/05/2016 Bill# 31 Payer#1 Period: 03/01/2016 - 03/08/2016 Amt: \$ 300.00 Bal: \$ 20.00 * >120 *
 Payer Rebilled 05/19/2016. Patient Statement sent 01/25/2017. ECS Claim
 Claim #18158519. Remarks: PR \$20 to 2ndary 5.19.16
 Billed secondary: 05/19/2016
 04/18/2016 Bill# 32 Payer#1 Period: 02/02/2016 - 03/02/2016 Amt: \$ 288.00 Bal: \$ 10.00 * >120 *
 Payer Rebilled 06/15/2016. Patient Statement sent 01/25/2017.
 Claim #18158519. Remarks: PR \$10 to 2ndary 6.15.16
 Billed secondary: 06/15/2016
 05/16/2016 Bill# 33 Payer#1 Period: 05/06/2016 - 05/06/2016 Amt: \$ 150.00 Bal: \$ 10.00 * >120 *
 Payer Rebilled 06/23/2016. Patient Statement sent 01/25/2017. ECS Claim
 Claim #18158519. Remarks: PR \$10 to 2ndary 6.23.16
 Billed secondary: 06/23/2016

Elizabeth Athing #12310

Date of Birth : 09/22/1995
 Phone #'s : 631-586-8045
 Case # : 2
 Case Description : DOWLING PT

Payer #1 : Oxford Health 800-666-1353
 Guarantor : Elizabeth Athing
 Group# :
 ID# : 1148510603

Payer #2 : Health Smart 800-331-1096
 Group# : SF746A3
 ID# : CUH202051

Payer #3 : Mutual of Omaha 800-693-6093
 Guarantor : Elizabeth Athing
 Group# :
 ID# : T5MPO51085250

Payer #4 : NAHGA CLAIM SERVICES 800-952-4320
 Guarantor : Elizabeth Athing
 Group# :
 ID# : UIA6390A

09/08/2015 Bill# 1 Payer#1 Period: 09/01/2015 - 09/03/2015 Amt: \$ 710.00 Bal: \$ 527.16 * >120 *
 ECS Claim
 Claim #17195638. Remarks: cc to 2nd; per uhc \$35 pr; 8/5/16 oxford made add'l \$15 payment
 09/22/2015 Bill# 2 Payer#1 Period: 09/17/2015 - 09/17/2015 Amt: \$ 280.00 Bal: \$ 10.00 * >120 *
 Payer Rebilled 12/12/2015. ECS Claim
 Claim #17195638. Remarks: cc to 2nd; per UHC \$10 pr
 Billed secondary: 12/12/2015
 09/28/2015 Bill# 3 Payer#1 Period: 09/22/2015 - 09/24/2015 Amt: \$ 560.00 Bal: \$ 20.00 * >120 *
 Payer Rebilled 12/21/2015. ECS Claim
 Claim #17195638. Remarks: cc to 2nd; per uhc \$20 pr
 Billed secondary: 12/21/2015
 09/30/2015 Bill# 4 Payer#1 Period: 09/29/2015 - 09/29/2015 Amt: \$ 280.00 Bal: \$ 10.00 * >120 *
 Payer Rebilled 12/21/2015. ECS Claim
 Claim #17195638. Remarks: cc to 2nd; per oxford \$10 pr
 Billed secondary: 12/21/2015
 10/08/2015 Bill# 5 Payer#1 Period: 10/01/2015 - 10/06/2015 Amt: \$ 560.00 Bal: \$ 20.00 * >120 *
 Payer Rebilled 12/31/2015. ECS Claim
 Claim #Dr. Crushank Rx. Remarks: cc to 2nd; per uhc \$20 pr
 Billed secondary: 12/31/2015
 10/21/2015 Bill# 6 Payer#1 Period: 10/08/2015 - 10/15/2015 Amt: \$ 840.00 Bal: \$ 30.00 * >120 *
 Payer Rebilled 01/13/2016.
 Claim #Dr. Crushank Rx. Remarks: cc to 2nd; per UHC \$30 pr
 Billed secondary: 01/13/2016

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10/21/2015	Bill# 7	Payer#1	Period: 10/20/2015 - 10/20/2015	Amt: \$ 280.00	Bal: \$ 10.00	* >120 *
Payer Rebilled 01/13/2016.						
Claim #Dr. Crushank Rx. Remarks: cc to 2nd; per UHC \$10 pr						
Billed secondary: 01/13/2016						
11/06/2015	Bill# 8	Payer#1	Period: 10/27/2015 - 10/29/2015	Amt: \$ 560.00	Bal: \$ 560.00	* >120 *
ECS Claim						
Claim #Dr. Crushank Rx.						
11/23/2015	Bill# 9	Payer#1	Period: 11/10/2015 - 11/17/2015	Amt: \$ 560.00	Bal: \$ 560.00	* >120 *
Payer Rebilled 01/13/2016. ECS Claim						
Claim #Dr. Crushank Rx. Remarks: cc to 2nd; UHC denied (auth was denied)						
Billed secondary: 01/13/2016						
11/30/2015	Bill# 10	Payer#1	Period: 11/24/2015 - 11/24/2015	Amt: \$ 280.00	Bal: \$ 280.00	* >120 *
ECS Claim						
Claim #Dr. Crushank Rx.						
12/17/2015	Bill# 11	Payer#1	Period: 12/01/2015 - 12/01/2015	Amt: \$ 280.00	Bal: \$ 280.00	* >120 *
ECS Claim						
Claim #Dr. Crushank Rx.						
02/02/2016	Bill# 13	Payer#1	Period: 01/26/2016 - 01/28/2016	Amt: \$ 560.00	Bal: \$ 20.00	* >120 *
Payer Rebilled 05/17/2016. Patient Statement sent 01/25/2017. ECS Claim						
Claim #Dr. Crushank Rx. Remarks: cc to 2nd; per uhc \$20 pr						
Billed secondary: 05/17/2016						
02/07/2016	Bill# 14	Payer#1	Period: 02/02/2016 - 02/02/2016	Amt: \$ 280.00	Bal: \$ 280.00	* >120 *
Patient Statement sent 01/25/2017. ECS Claim						
Claim #Dr. Crushank Rx. Remarks: oxford denied; see 3/22/16 note						
02/15/2016	Bill# 15	Payer#1	Period: 02/09/2016 - 02/09/2016	Amt: \$ 280.00	Bal: \$ 280.00	* >120 *
Payer Rebilled 04/04/2016. Patient Statement sent 01/25/2017. ECS Claim						
Claim #Dr. Crushank Rx. Remarks: cannot bill 2nd payer; uhc denied (auth denied); uhc assigned \$0 to pr						
Billed secondary: 04/04/2016						
03/09/2016	Bill# 16	Payer#1	Period: 03/01/2016 - 03/01/2016	Amt: \$ 280.00	Bal: \$ 280.00	* >120 *
Payer Rebilled 05/12/2016. Patient Statement sent 01/25/2017. ECS Claim						
Claim #Dr. Crushank Rx. Remarks: cannot bill 2nd payer; uhc denied (auth was denied); they applied \$0 to pr						
Billed secondary: 05/12/2016						
03/22/2016	Bill# 17	Payer#1	Period: 03/17/2016 - 03/17/2016	Amt: \$ 280.00	Bal: \$ 280.00	* >120 *
Patient Statement sent 01/25/2017. ECS Claim						
Claim #Dr. Crushank Rx. Remarks: oxford denied, they assigned \$0 to pr; see 4/28 note						
04/13/2016	Bill# 18	Payer#1	Period: 04/05/2016 - 04/05/2016	Amt: \$ 280.00	Bal: \$ 280.00	* >120 *
Patient Statement sent 01/25/2017. ECS Claim						
Claim #Dr. Crushank Rx.						

Kariym Balthazar #11450

Date of Birth : 10/15/1988
 Phone #'s : 347-587-3413
 Case # : 1
 Case Description : LIHMC PT

Payer #1 : FIDELIS CARE NEW YORK 888-343-3547
 Group# :
 ID# : 74116552300

Payer #2 : MUTUAL OF OMAHA- SRS 800-524-2324
 Group# :
 ID# : TSMP051085250

Payer #3 : Health Smart 800-331-1096
 Group# :
 ID# : 900555225

10/07/2013	Bill# 3	Payer#1	Period: 09/26/2013 - 09/27/2013	Amt: \$ 370.00	Bal: \$-109.85	* >120 *
Payer Rebilled 10/22/2014. ECS Claim						
Remarks: denied no pa per 11/1, cc 2nd, 1/14/14 \$50 to ded, cc 3rd						
Billed secondary: 11/26/2013						
Billed secondary: 01/27/2014						
Billed secondary: 10/22/2014						
Billed secondary: 10/22/2014						

Andrea Bender #12506

Date of Birth : 04/20/1996
 Phone #'s : 617-549-6605 / 617-549-0806
 Case # : 1
 Case Description : DOWLING PT

Payer #1 : NY BLUE CROSS BLUE SHIELD 800-552-6630
 Guarantor : Andrea Bender

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Group# : A34693
 ID# : XGZ933A79609

 Payer #2 : Health Smart 800-331-1096
 Group# :
 ID# : CUH202051

 Payer #3 : MUTUAL OF OMAHA- SRS 800-524-2324
 Guarantor : Andrea Bender
 Group# :
 ID# : T5MP051085250

 Payer #4 : NAHGA CLAIM SERVICES 800-952-4320
 Guarantor : Andrea Bender
 Group# :
 ID# : UIA6390A

 Payer #5 : TUFTS 888-884-2404
 Guarantor : Andrea Bender
 Group# :
 ID# : 99264909103

09/08/2015	Bill# 31	Payer#1	Period: 09/01/2015 - 09/03/2015	Amt: \$ 560.00	Bal: \$ 560.00	* >120 *
Payer Rebilled 11/27/2015. ECS Claim						
Claim #2015092923600001. Remarks: cc to 2nd; bcbs denied; SEE 1/6/16 NOTE						
Billed secondary: 11/27/2015						
09/09/2015	Bill# 32	Payer#1	Period: 09/04/2015 - 09/04/2015	Amt: \$ 280.00	Bal: \$ 280.00	* >120 *
Payer Rebilled 11/27/2015. ECS Claim						
Claim #2015092923600001. Remarks: cc to 2nd; bcbs denied; SEE 1/6/16 NOTE						
Billed secondary: 11/27/2015						
09/15/2015	Bill# 33	Payer#1	Period: 09/08/2015 - 09/10/2015	Amt: \$ 560.00	Bal: \$ 560.00	* >120 *
ECS Claim						
Claim #2015092923600001.						
09/22/2015	Bill# 34	Payer#1	Period: 09/11/2015 - 09/17/2015	Amt: \$ 560.00	Bal: \$ 560.00	* >120 *
ECS Claim						
Claim #2015092923600001.						
09/22/2015	Bill# 35	Payer#1	Period: 09/18/2015 - 09/18/2015	Amt: \$ 140.00	Bal: \$ 140.00	* >120 *
ECS Claim						
Claim #2015092923600001.						
09/28/2015	Bill# 36	Payer#1	Period: 09/22/2015 - 09/24/2015	Amt: \$ 280.00	Bal: \$ 280.00	* >120 *
ECS Claim						
Claim #2015092923600001.						
09/30/2015	Bill# 37	Payer#1	Period: 09/25/2015 - 09/29/2015	Amt: \$ 280.00	Bal: \$ 280.00	* >120 *
ECS Claim						
Claim #2015092923600001.						
10/08/2015	Bill# 38	Payer#1	Period: 10/01/2015 - 10/06/2015	Amt: \$ 700.00	Bal: \$ 700.00	* >120 *
ECS Claim						
11/06/2015	Bill# 39	Payer#1	Period: 10/08/2015 - 10/13/2015	Amt: \$ 840.00	Bal: \$ 840.00	* >120 *
ECS Claim						
11/07/2015	Bill# 40	Payer#1	Period: 10/15/2015 - 10/16/2015	Amt: \$ 560.00	Bal: \$ 120.00	* >120 *
Payer Rebilled 01/07/2016. ECS Claim						
Remarks: cc to 2nd; per bcbs \$120 pr						
Billed secondary: 01/07/2016						
11/07/2015	Bill# 41	Payer#1	Period: 10/20/2015 - 10/27/2015	Amt: \$ 635.00	Bal: \$ 110.00	* >120 *
Payer Rebilled 01/07/2016. ECS Claim						
Claim #2016031523600003. Remarks: cc to 2nd; per bcbs \$110 pr						
Billed secondary: 01/07/2016						
11/13/2015	Bill# 42	Payer#1	Period: 10/29/2015 - 11/05/2015	Amt: \$ 840.00	Bal: \$ 840.00	* >120 *
ECS Claim						
Claim #2016031523600003.						
11/13/2015	Bill# 43	Payer#1	Period: 11/06/2015 - 11/06/2015	Amt: \$ 280.00	Bal: \$ 280.00	* >120 *
ECS Claim						
Claim #2016031523600003.						
11/23/2015	Bill# 44	Payer#1	Period: 11/10/2015 - 11/17/2015	Amt: \$ 560.00	Bal: \$ 560.00	* >120 *
ECS Claim						
Claim #2016031523600003.						
12/08/2015	Bill# 45	Payer#1	Period: 12/01/2015 - 12/03/2015	Amt: \$ 635.00	Bal: \$ 110.00	* >120 *
ECS Claim						
Claim #2016031523600003. Remarks: cc to 2nd; per eob \$110 pr						
12/17/2015	Bill# 46	Payer#1	Period: 12/04/2015 - 12/10/2015	Amt: \$ 840.00	Bal: \$ 840.00	* >120 *
ECS Claim						
Claim #2016031523600003.						
12/17/2015	Bill# 47	Payer#1	Period: 12/11/2015 - 12/11/2015	Amt: \$ 280.00	Bal: \$ 280.00	* >120 *
ECS Claim						
Claim #2016031523600003.						

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Date	Bill#	Payer#	Period	Amt	Bal	Status
12/22/2015	48	Payer#1	12/15/2015 - 12/15/2015	\$ 280.00	\$ 280.00	* >120 *
ECS Claim Claim #2016031523600003.						
01/09/2016	49	Payer#1	01/05/2016 - 01/05/2016	\$ 280.00	\$ 280.00	* >120 *
Patient Statement sent 01/25/2017. ECS Claim Claim #2016031523600003.						
01/12/2016	50	Payer#1	01/07/2016 - 01/07/2016	\$ 280.00	\$ 280.00	* >120 *
Patient Statement sent 01/25/2017. ECS Claim Claim #2016031523600003.						
01/18/2016	51	Payer#1	01/12/2016 - 01/14/2016	\$ 560.00	\$ 120.00	* >120 *
Patient Statement sent 01/25/2017. ECS Claim Claim #2016031523600003. Remarks: cc to 2nd; bcbs applied allowed amt to ded \$120						
01/26/2016	52	Payer#1	01/15/2016 - 01/21/2016	\$ 840.00	\$ 840.00	* >120 *
Patient Statement sent 01/25/2017. ECS Claim Claim #2016031523600003.						
02/02/2016	53	Payer#1	01/26/2016 - 01/28/2016	\$ 690.00	\$ 690.00	* >120 *
Patient Statement sent 01/25/2017. ECS Claim Claim #2016031523600003.						
02/02/2016	54	Payer#1	01/29/2016 - 01/29/2016	\$ 345.00	\$ 345.00	* >120 *
Patient Statement sent 01/25/2017. ECS Claim Claim #2016031523600003.						
02/15/2016	55	Payer#1	02/09/2016 - 02/09/2016	\$ 280.00	\$ 280.00	* >120 *
Patient Statement sent 01/25/2017. ECS Claim Claim #2016031523600003.						
02/24/2016	56	Payer#1	02/12/2016 - 02/19/2016	\$ 840.00	\$ 180.00	* >120 *
Payer Rebilled 04/26/2016. Patient Statement sent 01/25/2017. ECS Claim Claim #2016031523600003. Remarks: cc to 2nd; per bcbs \$180 pr (applied to ded) Billed secondary: 04/26/2016						
02/24/2016	57	Payer#1	02/22/2016 - 02/22/2016	\$ 280.00	\$ 280.00	* >120 *
Patient Statement sent 01/25/2017. ECS Claim Claim #2016031523600003.						
03/18/2016	58	Payer#1	02/26/2016 - 03/02/2016	\$ 840.00	\$ 840.00	* >120 *
Patient Statement sent 01/25/2017. ECS Claim Claim #2016031523600003.						
03/22/2016	59	Payer#1	03/03/2016 - 03/09/2016	\$ 840.00	\$ 840.00	* >120 *
Patient Statement sent 01/25/2017. ECS Claim Claim #2016031523600003.						
03/22/2016	60	Payer#1	03/11/2016 - 03/16/2016	\$ 840.00	\$ 840.00	* >120 *
Payer Rebilled 05/24/2016. Patient Statement sent 01/25/2017. ECS Claim Claim #2016031523600003. Remarks: cc to 2nd; per bcbs \$840 pr Billed secondary: 05/24/2016 Billed secondary: 05/24/2016						
03/22/2016	61	Payer#1	03/18/2016 - 03/18/2016	\$ 280.00	\$ 280.00	* >120 *
Patient Statement sent 01/25/2017. ECS Claim Claim #2016031523600003.						
03/29/2016	62	Payer#1	03/28/2016 - 03/28/2016	\$ 280.00	\$ 280.00	* >120 *
Patient Statement sent 01/25/2017. ECS Claim Claim #2016031523600003.						
04/05/2016	63	Payer#1	03/30/2016 - 04/04/2016	\$ 700.00	\$ 700.00	* >120 *
Patient Statement sent 01/25/2017. ECS Claim Claim #2016031523600003.						
05/24/2016	64	Payer#5	04/06/2016 - 04/11/2016	\$ 840.00	\$ 687.00	* >120 *
Payer Rebilled 11/30/2016. Patient Statement sent 01/25/2017. Claim #2016031523600003. Remarks: cc to 2nd per tufts \$5375 ded + \$102 coins Billed secondary: 11/30/2016						
05/24/2016	65	Payer#5	04/13/2016 - 04/18/2016	\$ 700.00	\$ 525.00	* >120 *
Payer Rebilled 11/30/2016. Patient Statement sent 01/25/2017. Claim #2016031523600003. Remarks: cc to 2nd; per tufts \$525 allowed, \$525 to ded Billed secondary: 11/30/2016						
05/24/2016	66	Payer#5	04/20/2016 - 04/27/2016	\$ 840.00	\$ 630.00	* >120 *
Payer Rebilled 11/30/2016. Patient Statement sent 01/25/2017. Claim #2016031523600003. Remarks: cc to 2nd; per tufts \$630 allowed, \$630 to ded Billed secondary: 11/30/2016						
05/24/2016	67	Payer#5	05/02/2016 - 05/06/2016	\$ 840.00	\$ 630.00	* >120 *
Payer Rebilled 11/30/2016. Patient Statement sent 01/25/2017. Claim #2016031523600003. Remarks: cc to 2nd; per tufts \$630 allowed, \$630 to ded Billed secondary: 11/30/2016						
05/24/2016	68	Payer#5	05/09/2016 - 05/13/2016	\$ 840.00	\$ 630.00	* >120 *
Payer Rebilled 11/30/2016. Patient Statement sent 01/25/2017. Claim #2016031523600003. Remarks: cc to 2nd; per tufts \$630 allowed, \$630 to ded Billed secondary: 11/30/2016						
05/24/2016	69	Payer#5	05/16/2016 - 05/16/2016	\$ 280.00	\$ 280.00	* >120 *
Payer Rebilled 06/23/2016. Patient Statement sent 01/25/2017. Claim #2016031523600003.						

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Date of Birth : 04/02/1993
 Phone #'s : 631-399-9665 / 631-603-5122
 Case # : 1
 Case Description : DOWLING PT

Payer #1 : PALLADIAN HEALTH 877-774-7693
 Group# :
 ID# : AEH04522W

Payer #2 : Health Smart 800-331-1096
 Guarantor : Emily Boge
 Group# :
 ID# : CUH202051

Payer #3 : MUTUAL OF OMAHA- SRS 800-524-2324
 Guarantor : Emily Boge
 Group# :
 ID# : T5MP051085250

10/31/2014 Bill# 1 Payer#1 Period: 10/14/2014 - 10/17/2014 Amt: \$ 570.00 Bal: \$ 570.00 * >120 *
 Payer Rebilled 10/31/2014. Patient Statement sent 11/03/2014. ECS Claim

10/31/2014 Bill# 2 Payer#1 Period: 10/21/2014 - 10/28/2014 Amt: \$ 840.00 Bal: \$ 840.00 * >120 *
 Payer Rebilled 10/31/2014. Patient Statement sent 11/03/2014. ECS Claim

11/03/2014 Bill# 3 Payer#1 Period: 10/31/2014 - 10/31/2014 Amt: \$ 280.00 Bal: \$ 280.00 * >120 *
 Payer Rebilled 11/03/2014. ECS Claim

11/11/2014 Bill# 4 Payer#1 Period: 11/04/2014 - 11/04/2014 Amt: \$ 280.00 Bal: \$ 280.00 * >120 *
 Payer Rebilled 06/01/2016. ECS Claim

Billed secondary: 06/01/2016

11/21/2014 Bill# 5 Payer#1 Period: 11/18/2014 - 11/18/2014 Amt: \$ 280.00 Bal: \$ 280.00 * >120 *
 Payer Rebilled 06/01/2016. ECS Claim

Billed secondary: 06/01/2016

12/09/2014 Bill# 6 Payer#1 Period: 12/05/2014 - 12/05/2014 Amt: \$ 280.00 Bal: \$ 280.00 * >120 *
 Payer Rebilled 06/01/2016. ECS Claim

Billed secondary: 06/01/2016

12/15/2014 Bill# 7 Payer#1 Period: 12/09/2014 - 12/09/2014 Amt: \$ 280.00 Bal: \$ 280.00 * >120 *
 Payer Rebilled 06/01/2016. ECS Claim

Billed secondary: 06/01/2016

12/17/2014 Bill# 8 Payer#1 Period: 12/12/2014 - 12/12/2014 Amt: \$ 280.00 Bal: \$ 280.00 * >120 *
 Payer Rebilled 06/01/2016. ECS Claim

Billed secondary: 06/01/2016

Nicole Caggiano #10843

Date of Birth : 10/31/1992
 Phone #'s : 631-447-9862 / 631-294-3995
 Case # : 5
 Case Description : DOWLING PT

Payer #1 : CIGNA 800-308-5948
 Group# :
 ID# : 101809882

Payer #2 : Health Smart 800-331-1096
 Group# :
 ID# : CUH202051

Payer #3 : MUTUAL OF OMAHA- SRS 800-524-2324
 Group# :
 ID# : T5MP051085250

Payer #4 : Health Republic 888-990-5702
 Group# :
 ID# : Y61985202

12/22/2014 Bill# 15 Payer#2 Period: 12/17/2014 - 12/17/2014 Amt: \$ 280.00 Bal: \$ 280.00 * >120 *
 Payer Rebilled 03/31/2015. ECS Claim

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Andrae Campbell #12334

Date of Birth : 10/28/1994
 Phone #'s : 413-205-9036
 Case # : 1
 Case Description : DOWLING

Payer #1 : Health New England (HNE) 800-310-2835
 Group# :
 ID# : 800148314

Payer #2 : Health Smart 800-331-1096
 Guarantor : Andrea Campbell
 Group# : SF746A3
 ID# : CUH202051

Payer #3 : MUTUAL OF OMAHA- SRS 800-524-2324
 Guarantor : Andrea Campbell
 Group# :
 ID# : T5MP051085250

12/31/2014	Bill# 1	Payer#1	Period: 10/10/2014 - 10/17/2014	Amt: \$ 479.00	Bal: \$ 479.00	* >120 *
12/31/2014	Bill# 2	Payer#1	Period: 10/24/2014 - 10/31/2014	Amt: \$ 380.00	Bal: \$ 380.00	* >120 *
10/01/2015	Bill# 3	Payer#1	Period: 08/28/2015 - 08/28/2015	Amt: \$ 338.00	Bal: \$ 338.00	* >120 *
10/01/2015	Bill# 4	Payer#1	Period: 09/01/2015 - 09/08/2015	Amt: \$ 300.00	Bal: \$ 300.00	* >120 *
10/01/2015	Bill# 5	Payer#1	Period: 09/11/2015 - 09/18/2015	Amt: \$ 300.00	Bal: \$ 300.00	* >120 *
10/01/2015	Bill# 6	Payer#1	Period: 09/19/2015 - 09/25/2015	Amt: \$ 300.00	Bal: \$ 300.00	* >120 *
11/13/2015	Bill# 7	Payer#1	Period: 09/22/2015 - 09/25/2015	Amt: \$ 160.00	Bal: \$ 160.00	* >120 *
11/13/2015	Bill# 8	Payer#1	Period: 10/09/2015 - 10/09/2015	Amt: \$ 160.00	Bal: \$ 160.00	* >120 *
11/13/2015	Bill# 9	Payer#1	Period: 10/13/2015 - 10/13/2015	Amt: \$ 160.00	Bal: \$ 160.00	* >120 *
11/13/2015	Bill# 10	Payer#1	Period: 10/16/2015 - 10/20/2015	Amt: \$ 300.00	Bal: \$ 300.00	* >120 *
11/13/2015	Bill# 11	Payer#1	Period: 10/27/2015 - 11/06/2015	Amt: \$ 300.00	Bal: \$ 300.00	* >120 *
11/13/2015	Bill# 12	Payer#1	Period: 11/10/2015 - 11/10/2015	Amt: \$ 150.00	Bal: \$ 150.00	* >120 *
11/25/2015	Bill# 13	Payer#1	Period: 11/13/2015 - 11/17/2015	Amt: \$ 300.00	Bal: \$ 300.00	* >120 *

Maggie Carine #11926

Date of Birth : 05/30/1995
 Phone #'s : 631-874-9465 / 631-835-3685
 Case # : 1
 Case Description : DOWLING PT

Payer #1 : Health Smart 800-331-1096
 Guarantor : Maggie Carine
 Group# :
 ID# : CUH202051

Payer #2 : MUTUAL OF OMAHA- SRS 800-524-2324
 Guarantor : Maggie Carine
 Group# :
 ID# : T5MP051085250

06/06/2014	Bill# 15	Payer#1	Period: 06/04/2014 - 06/06/2014	Amt: \$ 485.00	Bal: \$ -46.25	* >120 *
Payer Rebilled 09/30/2014. ECS Claim						
Claim #Dr. Paci Rx. Remarks: see 12/15/14 note						
Billed secondary: 07/23/2014						

Kelly Cefalu #10871

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Date of Birth : 03/30/1989
 Phone #'s : 631-581-7805 / 516-508-2216
 Case # : 1
 Case Description : DOWLING PT

Payer #1 : UNITED HEALTHCARE / MPN 877-769-7447
 Guarantor : Kelly Cefalu
 Group# :
 ID# : 890371679

Payer #2 : Health Smart 800-331-1096
 Group# :
 ID# : SRG9130832

Payer #3 : GALLAGHER KOSTER SPORTS 877-345-8928
 Guarantor : Kelly Cefalu
 Group# :
 ID# : SRG9130832

01/16/2013 Bill# 1 Payer#1 Period: 12/06/2012 - 12/11/2012 Amt: \$ 480.00 Bal: \$ 480.00 * >120 *
 Payer Rebilled 05/07/2013. Patient Statement sent 01/31/2013. ECS Claim
 Claim #13643875. Remarks: see pt notes 3/8/13, \$52.50 pd to pt, cc to 2nd 4/10, cc 3rd 5/7
 Billed secondary: 04/10/2013
 Billed secondary: 05/07/2013
 01/16/2013 Bill# 3 Payer#1 Period: 12/20/2012 - 01/08/2013 Amt: \$ 505.00 Bal: \$ 505.00 * >120 *
 Payer Rebilled 05/07/2013. Patient Statement sent 01/31/2013. ECS Claim
 Claim #13643875. Remarks: denied no auth PR \$505.00, cc to 2nd 4/10, cc 3rd 5/7
 Billed secondary: 04/10/2013
 Billed secondary: 05/07/2013
 02/01/2013 Bill# 5 Payer#1 Period: 01/16/2013 - 01/22/2013 Amt: \$ 690.00 Bal: \$ 690.00 * >120 *
 Tracer sent 09/16/2014. Payer Rebilled 05/07/2013. ECS Claim
 Claim #13643875. Remarks: denied no auth, PR \$690.00, cc to 2nd 4/10, cc 3rd 5/7
 Billed secondary: 04/10/2013
 Billed secondary: 05/07/2013

Nyder Chardonette #13273

Date of Birth : 07/01/1994
 Phone #'s : 516-312-8076
 Case # : 1
 Case Description : DOWLING

Payer #1 : UNITED HEALTHCARE 866-362-3368
 Guarantor : Nyder Chardonette
 Group# :
 ID# : 105614524

Payer #2 : Health Smart 800-331-1096
 Guarantor : Nyder Chardonette
 Group# : SF746A3
 ID# : CUH202051

Payer #3 : MUTUAL OF OMAHA- SRS 800-524-2324
 Guarantor : Nyder Chardonette
 Group# :
 ID# : T5MP051085250

10/22/2015 Bill# 1 Payer#1 Period: 10/13/2015 - 10/13/2015 Amt: \$ 299.00 Bal: \$ 299.00 * >120 *
 10/22/2015 Bill# 2 Payer#1 Period: 10/20/2015 - 10/20/2015 Amt: \$ 150.00 Bal: \$ 150.00 * >120 *
 11/13/2015 Bill# 3 Payer#1 Period: 10/16/2015 - 10/23/2015 Amt: \$ 300.00 Bal: \$ 300.00 * >120 *
 ECS Claim

Christina Cottone #12447

Date of Birth : 10/02/1995
 Phone #'s : 516-731-5297
 Case # : 1
 Case Description : DOWLING PT

Payer #1 : Health Smart 800-331-1096
 Guarantor : Christina Cottone

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Group# :
 ID# : CUH202051

Payer #2 : MUTUAL OF OMAHA- SRS 800-524-2324
 Guarantor : Christina Cottone
 Group# :
 ID# : T5MP051085250

Payer #3 : NY BLUE CROSS BLUE SHIELD 800-552-6630
 Guarantor : Christina Cottone
 Group# : 1H1S00
 ID# : JLE167M78145

05/12/2015 Bill# 18 Payer#3 Period: 05/06/2015 - 05/06/2015 Amt: \$ 280.00 Bal: \$ 280.00
 Payer Rebilled 08/11/2015. ECS Claim

* >120 *

Sean Craig #11108

Date of Birth : 06/03/1991
 Phone #'s : 631-821-3024
 Case # : 1
 Case Description : DOWLING PT

Payer #1 : NY BLUE CROSS BLUE SHIELD 800-552-6630
 Group# :
 ID# : CDKSC8134163

Payer #2 : Health Smart 800-331-1096
 Group# :
 ID# : GK1722439

Payer #3 : GALLAGHER KOSTER SPORTS 877-345-8928
 Guarantor : Sean Craig
 Group# :
 ID# : 1722439

04/08/2013 Bill# 1 Payer#1 Period: 03/20/2013 - 03/25/2013 Amt: \$ 775.00 Bal: \$-120.00
 Payer Rebilled 05/07/2013. ECS Claim
 Remarks: ins term'd, cc to 2nd 4/11; SEE 3/19/15 NOTE
 Billed secondary: 04/11/2013
 Billed secondary: 05/07/2013

* >120 *

04/08/2013 Bill# 2 Payer#1 Period: 03/27/2013 - 04/03/2013 Amt: \$ 840.00 Bal: \$-120.00
 Payer Rebilled 05/07/2013. ECS Claim
 Remarks: ins term'd, cc to 2nd 4/11
 Billed secondary: 04/11/2013
 Billed secondary: 05/07/2013

* >120 *

Amanda DeGennaro #13187

Date of Birth : 07/10/1995
 Phone #'s : 631-929-0289
 Case # : 1
 Case Description : DOWLING

Payer #1 : OPTUM/OXFORD 877-369-7564
 Guarantor : Amanda DeGennaro
 Group# :
 ID# : 1179974303

Payer #2 : Health Smart 800-331-1096
 Guarantor : Amanda DeGennaro
 Group# : SF746A3
 ID# : CUH202051

Payer #3 : MUTUAL OF OMAHA- SRS 800-524-2324
 Guarantor : Amanda DeGennaro
 Group# :
 ID# : T5MP051085250

09/22/2015 Bill# 1 Payer#1 Period: 09/08/2015 - 09/08/2015 Amt: \$ 299.00 Bal: \$ 299.00
 Payer Rebilled 06/01/2016. ECS Claim
 Claim #17268335.

* >120 *

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Kelly Difede #10466

Date of Birth : 02/05/1992
 Phone #'s : 631-205-5037 / 631-885-0641
 Case # : 3
 Case Description : Dowling PT

Payer #1 : AETNA 888-632-3862
 Guarantor : Kelly Difede
 Group# :
 ID# : W208670667

Payer #2 : Health Smart 800-331-1096
 Guarantor : Kelly Difede
 Group# :
 ID# : CUH202051

Payer #3 : MUTUAL OF OMAHA- SRS 800-524-2324
 Guarantor : Kelly Difede
 Group# :
 ID# : T5MP051085250

06/16/2014 Bill# 7 Payer#1 Period: 06/09/2014 - 06/11/2014 Amt: \$ 560.00 Bal: \$ -13.74 * >120 *
 Payer Rebilled 07/16/2014. ECS Claim
 Remarks: cc to 2nd; denied per eob
 Billed secondary: 07/16/2014
 06/16/2014 Bill# 8 Payer#1 Period: 06/12/2014 - 06/12/2014 Amt: \$ 205.00 Bal: \$ -153.75 * >120 *
 Payer Rebilled 07/16/2014. ECS Claim
 Remarks: cc to 2nd; denied per aetna eob; see 10/15/14 note
 Billed secondary: 07/16/2014

Kevin Drane #13795

Date of Birth : 08/19/1992
 Phone #'s : 631-626-8448
 Case # : 1
 Case Description : DOWLING

Payer #1 : UNITED HEALTHCARE / MPN 877-769-7447
 Group# :
 ID# : 890204064

Payer #2 : NAHGA CLAIM SERVICES 800-952-4320
 Group# :
 ID# : UIA6390A

Payer #3 : MUTUAL OF OMAHA- SRS 800-524-2324
 Guarantor : Kevin Drane
 Group# :
 ID# : T5MP051085250

04/19/2016 Bill# 1 Payer#1 Period: 03/18/2016 - 04/01/2016 Amt: \$ 410.00 Bal: \$ 40.00 * >120 *
 Payer Rebilled 06/06/2016. ECS Claim
 Claim #18055735. Remarks: PR \$40 to 2ndary 6.6.16
 Billed secondary: 06/06/2016
 05/04/2016 Bill# 2 Payer#1 Period: 04/15/2016 - 04/22/2016 Amt: \$ 300.00 Bal: \$ 40.00 * >120 *
 Payer Rebilled 06/15/2016. ECS Claim
 Claim #18055735. Remarks: PR \$40 to 2ndary 6.15.16
 Billed secondary: 06/15/2016
 05/04/2016 Bill# 3 Payer#1 Period: 04/29/2016 - 04/29/2016 Amt: \$ 150.00 Bal: \$ 20.00 * >120 *
 Payer Rebilled 06/15/2016. ECS Claim
 Claim #18055735. Remarks: PR \$20 to 2ndary 6.15.16
 Billed secondary: 06/15/2016

Kaitlin Ellingsworth #10008

Date of Birth : 02/06/1990
 Phone #'s : 676-237-0035
 Case # : 1
 Case Description : Dowling \$0

Payer #1 : SHEET METAL WORKERS FUND OF CA 800-947-4338

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Group# :
 ID# : SM1951642

Payer #2 : Health Smart 800-331-1096
 Guarantor : Kaitlin Ellingsworth
 Group# :
 ID# : 900585561

Payer #3 : GALLAGHER KOSTER SPORTS 877-345-8928
 Guarantor : Kaitlin Ellingsworth
 Group# :
 ID# : SRG9130832

Payer #4 : KAISER PERMANENTE SO CA 800-464-4000
 Guarantor : Kaitlin Ellingsworth
 Group# :
 ID# : 20648479

03/01/2013 Bill# 11 Payer#4 Period: 02/26/2013 - 02/26/2013 Amt: \$ 617.94 Bal: \$ 617.94 * >120 *
 Payer Rebilled 06/01/2016.
 Remarks: denied no oon per 6/4, cc to 2nd 6/5, 2nd max 7/16, cc to 3rd
 Billed secondary: 06/05/2013
 Billed secondary: 07/25/2013
 Billed secondary: 07/25/2013
 Billed secondary: 10/10/2013
 Billed secondary: 05/23/2014
 Billed secondary: 06/01/2016

03/22/2013 Bill# 12 Payer#4 Period: 03/12/2013 - 03/19/2013 Amt: \$ 420.00 Bal: \$ 420.00 * >120 *
 Payer Rebilled 06/01/2016.
 Remarks: denied no oon per 6/4 eob, cc to 2nd 6/5, 2nd max 7/16, cc to 3rd
 Billed secondary: 06/05/2013
 Billed secondary: 07/25/2013
 Billed secondary: 10/10/2013
 Billed secondary: 05/23/2014
 Billed secondary: 06/01/2016

03/29/2013 Bill# 13 Payer#4 Period: 03/22/2013 - 03/22/2013 Amt: \$ 140.00 Bal: \$ 140.00 * >120 *
 Payer Rebilled 06/01/2016.
 Remarks: denied no oon per 6/4 eor, cc to 2nd 6/5, , 2nd max 7/16, cc to 3rd
 Billed secondary: 06/05/2013
 Billed secondary: 07/25/2013
 Billed secondary: 10/10/2013
 Billed secondary: 05/23/2014
 Billed secondary: 06/01/2016

04/05/2013 Bill# 14 Payer#4 Period: 03/29/2013 - 04/02/2013 Amt: \$ 280.00 Bal: \$ 280.00 * >120 *
 Payer Rebilled 06/01/2016.
 Remarks: denied no oon per 6/4 eob, cc to 2nd 6/5, 2nd max 7/16, cc to 3rd
 Billed secondary: 06/05/2013
 Billed secondary: 07/25/2013
 Billed secondary: 10/10/2013
 Billed secondary: 05/23/2014
 Billed secondary: 06/01/2016

Kaitlin Ellingsworth #10008

Date of Birth : 02/06/1990
 Phone #'s : 676-237-0035
 Case # : 2
 Case Description : LIHMC PT

Payer #1 : SHEET METAL WORKERS FUND OF CA 800-947-4338
 Group# :
 ID# : SM1951642

Payer #2 : Health Smart 800-331-1096
 Group# :
 ID# : 900585561

Payer #3 : GALLAGHER KOSTER SPORTS 877-345-8928
 Guarantor : Kaitlin Ellingsworth
 Group# :
 ID# : SRG9130832

Payer #4 : KAISER PERMANENTE SO CA 800-464-4000
 Group# :
 ID# : 20648479

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02/26/2013	Bill# 1	Payer#4	Period: 01/30/2013 - 02/06/2013	Amt: \$ 470.00	Bal: \$ 470.00	* >120 *
Payer Rebilled 11/22/2013.						
Remarks: denied no oon per 5/31 eob, cc to 2nd 6/4						
Billed secondary: 06/04/2013						
Billed secondary: 11/22/2013						
02/26/2013	Bill# 2	Payer#4	Period: 02/12/2013 - 02/18/2013	Amt: \$ 840.00	Bal: \$ 840.00	* >120 *
Payer Rebilled 11/22/2013.						
Remarks: denied no oon per 5/31 eob, cc to 2nd 5/31, 2nd den (7/16), cc 3rd						
Billed secondary: 06/04/2013						
Billed secondary: 11/22/2013						
02/26/2013	Bill# 3	Payer#4	Period: 02/20/2013 - 02/20/2013	Amt: \$ 190.00	Bal: \$ 190.00	* >120 *
Payer Rebilled 11/22/2013.						
Remarks: denied no oon per 5/31 eob, cc to 2nd 6/4, 2nd max (7/6), cc 3rd						
Billed secondary: 06/04/2013						
Billed secondary: 11/22/2013						
03/08/2013	Bill# 4	Payer#4	Period: 02/26/2013 - 02/28/2013	Amt: \$ 470.00	Bal: \$ 470.00	* >120 *
Payer Rebilled 11/22/2013.						
Remarks: denied no oon per 5/31 eob, cc to 2nd 6/4, 2nd max (7/16), cc 3rd						
Billed secondary: 06/04/2013						
Billed secondary: 11/22/2013						
03/15/2013	Bill# 5	Payer#4	Period: 03/12/2013 - 03/13/2013	Amt: \$ 560.00	Bal: \$ 560.00	* >120 *
Payer Rebilled 11/22/2013.						
Remarks: denied no oon per 5/31 eob, cc to 2nd 6/4, 2nd max (7/16), cc 3rd						
Billed secondary: 06/04/2013						
Billed secondary: 11/22/2013						
03/22/2013	Bill# 6	Payer#4	Period: 03/19/2013 - 03/21/2013	Amt: \$ 560.00	Bal: \$ 490.18	* >120 *
Payer Rebilled 11/22/2013.						
Remarks: denied no oon per 5/31 eob, cc to 2nd 6/4, 2nd max, cc 3rd 7/23						
Billed secondary: 06/04/2013						
Billed secondary: 07/23/2013						
Billed secondary: 11/22/2013						
04/12/2013	Bill# 9	Payer#4	Period: 04/10/2013 - 04/10/2013	Amt: \$ 190.00	Bal: \$ 190.00	* >120 *
Payer Rebilled 11/22/2013.						
Remarks: denied no oon per 5/31 eob, cc to 2nd 6/4, 2nd max (7/16), cc 3rd						
Billed secondary: 06/04/2013						
Billed secondary: 11/22/2013						
05/07/2013	Bill# 12	Payer#4	Period: 04/30/2013 - 05/01/2013	Amt: \$ 460.00	Bal: \$ 280.00	* >120 *
Tracer sent 11/22/2013. Payer Rebilled 02/04/2014. ECS Claim						
Remarks: pr \$460 per 12/17 eob, cc 2nd billed 3rd						
Billed secondary: 12/26/2013						
Billed secondary: 02/04/2014						
05/10/2013	Bill# 13	Payer#4	Period: 05/07/2013 - 05/09/2013	Amt: \$ 570.00	Bal: \$ 570.00	* >120 *
Payer Rebilled 11/22/2013. ECS Claim						
Remarks: denied no oon per 5/31 eob, cc to 2nd 6/4, 2nd max, cc 3rd						
Billed secondary: 06/04/2013						
Billed secondary: 11/22/2013						
05/17/2013	Bill# 14	Payer#4	Period: 05/14/2013 - 05/15/2013	Amt: \$ 380.00	Bal: \$ 380.00	* >120 *
Payer Rebilled 11/22/2013. ECS Claim						
Remarks: denied no oon per 6/4 eob, cc to 2nd 6/4						
Billed secondary: 06/05/2013						
Billed secondary: 11/22/2013						

Alisa Fjelstad #10263

Date of Birth : 03/15/1993
 Phone #'s : 951-905-0263 / 951-905-0263
 Case # : 2
 Case Description : LIHMC PT

Payer #1 : HEALTHNET INS 800-441-5741
 Group# : D6944A
 ID# : R06021366

Payer #2 : Health Smart 800-331-1096
 Guarantor : Alisa Fjelstad
 Group# :
 ID# : SRG9130832

Payer #3 : GALLAGHER KOSTER SPORTS 877-345-8928
 Group# :
 ID# : SRG9130832

02/26/2013	Bill# 1	Payer#1	Period: 02/14/2013 - 02/18/2013	Amt: \$ 450.00	Bal: \$ 401.01	* >120 *
Payer Rebilled 11/07/2013. ECS Claim						
Remarks: PR \$450 per 4/2 eob, cc to 2nd 4/11 pending per 6/4 eob, cc 3rd 11/7						

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Billed secondary: 04/11/2013
 Billed secondary: 10/11/2013
 Billed secondary: 11/07/2013
 03/08/2013 Bill# 3 Payer#1 Period: 02/26/2013 - 02/28/2013 Amt: \$ 470.00 Bal: \$ 470.00 * >120 *
 Payer Rebilled 11/13/2013. ECS Claim
 Remarks: PR \$470.00 per 4/9 eob, cc to 2nd 4/11, 2nd max per 10/29, cc 3rd
 Billed secondary: 04/11/2013
 Billed secondary: 10/11/2013
 Billed secondary: 11/13/2013
 03/22/2013 Bill# 4 Payer#1 Period: 03/19/2013 - 03/21/2013 Amt: \$ 840.00 Bal: \$ 793.17 * >120 *
 Payer Rebilled 11/13/2013. ECS Claim
 Remarks: pr \$269.55 (coins & ded), cc to 2nd 5/6, 2nd den 10/29, cc 3rd
 Billed secondary: 05/06/2013
 Billed secondary: 10/11/2013
 Billed secondary: 11/13/2013

Kevin Fox #13796

Date of Birth : 11/20/1995
 Phone #'s : 516-650-4459 / 516-650-4459
 Case # : 1
 Case Description : DOWLING

 Payer #1 : CIGNA 800-358-2341
 Group# :
 ID# : U34130835

 Payer #2 : NAHGA CLAIM SERVICES 800-952-4320
 Group# :
 ID# : U1A6390A

 Payer #3 : MUTUAL OF OMAHA- SRS 800-524-2324
 Group# :
 ID# : T5MP051085250

05/04/2016 Bill# 1 Payer#1 Period: 04/15/2016 - 04/15/2016 Amt: \$ 299.00 Bal: \$ 299.00 * >120 *
 ECS Claim

Cache Gamble #11412

Date of Birth : 04/22/1988
 Phone #'s : 757-372-6888
 Case # : 1
 Case Description : DOWLING PT

 Payer #1 : Health Smart 800-331-1096
 Group# :
 ID# : SRG9130832

 Payer #2 : MUTUAL OF OMAHA- SRS 800-524-2324
 Group# :
 ID# : T5MP051085250

 Payer #3 : GALLAGHER KOSTER SPORTS 877-345-8928
 Guarantor : Cache Gamble
 Group# :
 ID# : SRG9130832

06/27/2014 Bill# 3 Payer#1 Period: 04/08/2014 - 04/17/2014 Amt: \$ 355.00 Bal: \$ 355.00 * >120 *
 Payer Rebilled 01/07/2015. ECS Claim

Billed secondary: 08/05/2014
 Billed secondary: 09/10/2014
 Billed secondary: 09/10/2014

06/27/2014 Bill# 4 Payer#1 Period: 04/18/2014 - 04/24/2014 Amt: \$ 420.00 Bal: \$ 420.00 * >120 *
 Payer Rebilled 01/07/2015. ECS Claim

Billed secondary: 08/05/2014
 Billed secondary: 09/10/2014
 Billed secondary: 09/10/2014

Jillian Gilman #11581

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Date of Birth : 10/17/1994
 Phone #'s : 603-487-6005 / 603-724-7958
 Case # : 2
 Case Description : DOWLING/Chiro

Payer #1 : MUTUAL OF OMAHA- SRS 800-524-2324
 Guarantor : Jillian Gilman
 Group# :
 ID# : T5MP051085250

Payer #2 : Health Smart 800-331-1096
 Guarantor : Jillian Gilman
 Group# : SF746A3
 ID# : CUH202051

Payer #3 : MAGNACARE 800-235-7267
 Group# :
 ID# : SF746B3

01/14/2015 Bill# 1 Payer#3 Period: 11/21/2014 - 11/21/2014 Amt: \$ 249.00 Bal: \$ 249.00
 ECS Claim

* >120 *

Francis Gluchowski #13196

Date of Birth : 06/21/1993
 Phone #'s : 631-472-2397
 Case # : 1
 Case Description : DOWLING PT

Payer #1 : MAGNACARE 800-235-7267
 Guarantor : Francis Gluchowski
 Group# :
 ID# : 081505595

Payer #2 : Health Smart 800-331-1096
 Group# : SF746A3
 ID# : CUH202051

Payer #3 : MUTUAL OF OMAHA- SRS 800-524-2324
 Group# :
 ID# : T5MP051085250

Payer #4 : NAHGA CLAIM SERVICES 800-952-4320
 Guarantor : Francis Gluchowski
 Group# :
 ID# : UIA6390A

09/28/2015 Bill# 1 Payer#1 Period: 09/17/2015 - 09/22/2015 Amt: \$ 620.00 Bal: \$ 510.48

* >120 *

Payer Rebilled 12/21/2015. ECS Claim

Remarks: cc to 2nd; per magnacare \$500 to ded & \$10.48 coins

Billed secondary: 12/21/2015

09/28/2015 Bill# 2 Payer#1 Period: 09/24/2015 - 09/24/2015 Amt: \$ 280.00 Bal: \$ 87.65

* >120 *

Payer Rebilled 12/21/2015. ECS Claim

Remarks: cc to 2nd; per magnacare \$87.65 coins

Billed secondary: 12/21/2015

Billed secondary: 12/21/2015

10/21/2015 Bill# 3 Payer#1 Period: 10/08/2015 - 10/13/2015 Amt: \$ 560.00 Bal: \$ 560.00

* >120 *

Claim #Dr. Crushank Rx.

02/24/2016 Bill# 5 Payer#1 Period: 02/16/2016 - 02/18/2016 Amt: \$ 560.00 Bal: \$ 560.00

* >120 *

ECS Claim

Claim #Dr. Crushank Rx.

Francis Gluchowski #13196

Date of Birth : 06/21/1993
 Phone #'s : 631-472-2397
 Case # : 2
 Case Description : DOWLING

Payer #1 : MAGNACARE 800-235-7267
 Group# :
 ID# : 081505595

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Payer #2 : NAHGA CLAIM SERVICES 800-952-4320
 Guarantor : Francis Gluchowski
 Group# :
 ID# : UIA6390A

Payer #3 : MUTUAL OF OMAHA- SRS 800-524-2324
 Guarantor : Francis Gluchowski
 Group# :
 ID# : T5MP051085250

Payer #4 : NY BLUE CROSS BLUE SHIELD 800-552-6630
 Guarantor : Francis Gluchowski
 Group# :
 ID# : IYW81428942

10/07/2015 Bill# 1 Payer#1 Period: 09/15/2015 - 09/22/2015 Amt: \$ 339.00 Bal: \$ 6.70 * >120 *
 Payer Rebilled 11/27/2015.
 Remarks: PR \$6.70 to 2ndary 11.27.15 w/inj rpt and notes 1.25.16again 4.6.16
 Billed secondary: 11/27/2015

11/19/2015 Bill# 2 Payer#1 Period: 10/09/2015 - 10/09/2015 Amt: \$ 95.00 Bal: \$ 17.20 * >120 *
 Payer Rebilled 01/25/2016.
 Remarks: PR \$17.20 to 2ndary 1.25.16 sent note 4.6.19 again 4.26.16 and inj rpt
 Billed secondary: 01/25/2016

04/19/2016 Bill# 3 Payer#4 Period: 03/18/2016 - 03/18/2016 Amt: \$ 188.00 Bal: \$ 188.00 * >120 *
 Payer Rebilled 05/03/2016. ECS Claim
 Remarks: no chiro benefits to 2ndary 5.3.16
 Billed secondary: 05/03/2016

Timothy Going #13136

Date of Birth : 08/21/1996
 Phone #'s : 631-555-5555
 Case # : 1
 Case Description : DOWLING PT (Non School Injury)

Payer #1 : NY BLUE CROSS BLUE SHIELD 800-552-6630
 Guarantor : Timothy Going
 Group# :
 ID# : RER604M78324

11/07/2015 Bill# 6 Payer#1 Period: 10/08/2015 - 10/15/2015 Amt: \$ 420.00 Bal: \$ 420.00 * >120 *
 ECS Claim

11/07/2015 Bill# 7 Payer#1 Period: 10/20/2015 - 10/27/2015 Amt: \$ 560.00 Bal: \$ 560.00 * >120 *
 ECS Claim

Billy Goncalves #13683

Date of Birth : 10/21/1994
 Phone #'s : 631-574-8102
 Case # : 1
 Case Description : DOWLING

Payer #1 : GEHA 800-821-6136
 Guarantor : Billy Goncalves
 Group# :
 ID# : 30007520

Payer #2 : NAHGA CLAIM SERVICES 800-952-4320
 Guarantor : Billy Goncalves
 Group# :
 ID# : UIA6390A

Payer #3 : MUTUAL OF OMAHA- SRS 800-524-2324
 Guarantor : Billy Goncalves
 Group# :
 ID# : T5MP051085250

03/24/2016 Bill# 1 Payer#1 Period: 03/01/2016 - 03/01/2016 Amt: \$ 299.00 Bal: \$ 279.00 * >120 *
 Payer Rebilled 09/22/2016. ECS Claim
 Remarks: PR \$279 to 2ndary 6.14.16

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Billed secondary: 06/14/2016

Billed secondary: 09/22/2016

Elizabeth Gorman #10869

Date of Birth : 08/31/1993
 Phone #'s : 631-592-4588 / 631-942-4592
 Case # : 1
 Case Description : DOWLING PT

Payer #1 : UNITED HEALTHCARE / MPN 877-769-7447
 Group# :
 ID# : 890147011

Payer #2 : Health Smart 800-331-1096
 Guarantor : Elizabeth Gorman
 Group# :
 ID# : 900529520

01/16/2013 Bill# 1 Payer#1 Period: 12/04/2012 - 12/06/2012 Amt: \$ 480.00 Bal: \$ 480.00 * >120 *
 Payer Rebilled 04/10/2013. Patient Statement sent 02/01/2013. ECS Claim
 Claim #13355009. Remarks: PR \$480 to pt, cc to 2nd 4/10
 Billed secondary: 04/10/2013

01/16/2013 Bill# 2 Payer#1 Period: 12/11/2012 - 12/12/2012 Amt: \$ 555.00 Bal: \$ 555.00 * >120 *
 Payer Rebilled 04/10/2013. Patient Statement sent 02/01/2013. ECS Claim
 Claim #13355009. Remarks: \$29.50 pd to pt, cc to 2nd 4/10, pending accident info per 6/4 eob
 Billed secondary: 04/10/2013

01/16/2013 Bill# 3 Payer#1 Period: 12/18/2012 - 12/18/2012 Amt: \$ 280.00 Bal: \$ 280.00 * >120 *
 Payer Rebilled 04/10/2013. Patient Statement sent 02/01/2013. ECS Claim
 Claim #13355009. Remarks: PR \$280.00, cc to 2nd 4/10, pending accident info per 6/4 eob
 Billed secondary: 04/10/2013

03/29/2013 Bill# 4 Payer#1 Period: 01/31/2013 - 02/07/2013 Amt: \$ 515.00 Bal: \$ 515.00 * >120 *
 Payer Rebilled 04/10/2013. ECS Claim
 Claim #13355009. Remarks: PR \$515.00, cc to 2nd 4/10, pending accident info from enrollee per 5/21
 Billed secondary: 04/10/2013

03/29/2013 Bill# 5 Payer#1 Period: 02/14/2013 - 02/21/2013 Amt: \$ 560.00 Bal: \$ 560.00 * >120 *
 Payer Rebilled 04/10/2013. ECS Claim
 Claim #13355009. Remarks: pending accident info per 6/4 eob
 Billed secondary: 04/10/2013

Edward Hillkewicz #12608

Date of Birth : 08/13/1996
 Phone #'s : 631-772-2796
 Case # : 1
 Case Description : DOWLING

Payer #1 : HIP/PALLADIAN 877-774-7693
 Guarantor : Edward Hillkewicz
 Group# :
 ID# : 18176786

Payer #2 : Health Smart 800-331-1096
 Guarantor : Edward Hillkewicz
 Group# : SF746A3
 ID# : UHL6309A

Payer #3 : MUTUAL OF OMAHA- SRS 800-524-2324
 Guarantor : Edward Hillkewicz
 Group# :
 ID# : T5MP051085250

Payer #4 : NAHGA CLAIM SERVICES 800-952-4320
 Group# :
 ID# : U1A6390A

04/19/2016 Bill# 2 Payer#1 Period: 04/01/2016 - 04/01/2016 Amt: \$ 238.00 Bal: \$ 47.00 * >120 *
 Payer Rebilled 05/23/2016. ECS Claim
 Remarks: PR \$47.00 to nahga 5.23.16
 Billed secondary: 05/23/2016

04/19/2016 Bill# 3 Payer#1 Period: 04/12/2016 - 04/12/2016 Amt: \$ 150.00 Bal: \$ 23.00 * >120 *
 Payer Rebilled 05/23/2016. ECS Claim
 Remarks: PR \$23 to 2ndry 5.23.16
 Billed secondary: 05/23/2016

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05/04/2016 Bill# 4 Payer#1 Period: 04/15/2016 - 04/22/2016 Amt: \$ 300.00 Bal: \$ 46.00 * >120 *
 Payer Rebilled 05/31/2016. ECS Claim
 Remarks: PR \$46 to 2ndary 5.31.16 eobs again 7.1.16 abd 11 8.16
 Billed secondary: 05/31/2016

05/04/2016 Bill# 5 Payer#1 Period: 04/29/2016 - 05/03/2016 Amt: \$ 300.00 Bal: \$ 46.00 * >120 *
 Payer Rebilled 05/31/2016. ECS Claim
 Remarks: PR \$46 to 2ndary 5.31.16 eobs again 7.1.16 and 11.8.16
 Billed secondary: 05/31/2016

Edward Hillkewicz #12608

Date of Birth : 08/13/1996
 Phone #'s : 631-772-2796
 Case # : 2
 Case Description : PT/Dowling

Payer #1 : .HIP PLAN OF NY 800-447-8255
 Group# :
 ID# : 18176786

Payer #3 : MUTUAL OF OMAHA- SRS 800-524-2324
 Group# :
 ID# : T5MP051085250

Payer #4 : NAHGA CLAIM SERVICES 800-952-4320
 Group# :
 ID# : U1A6390A

06/15/2016 Bill# 1 Payer#1 Period: 05/03/2016 - 05/06/2016 Amt: \$ 710.00 Bal: \$ 710.00 * >120 *
 Payer Rebilled 09/23/2016. ECS Claim
 Remarks: NAHGA denied; add'l info needed (rx and inj report); will review
 Billed secondary: 08/05/2016
 Billed secondary: 08/05/2016
 Billed secondary: 09/23/2016

Jalloh Husamatu #13106

Date of Birth : 12/23/1991
 Phone #'s : 917-539-1525
 Case # : 2
 Case Description : DOWLING PT

Payer #1 : HEALTHFIRST CLAIMS DEPT 212-801-1686
 Group# :
 ID# : QR43042V

Payer #2 : Health Smart 800-331-1096
 Group# : SF746A3
 ID# : CUH202051

Payer #3 : MUTUAL OF OMAHA- SRS 800-524-2324
 Guarantor : Jalloh Husamatu
 Group# :
 ID# : T5MP051085250

09/22/2015 Bill# 1 Payer#1 Period: 09/10/2015 - 09/10/2015 Amt: \$ 430.00 Bal: \$ 430.00 * >120 *
 ECS Claim

09/30/2015 Bill# 2 Payer#1 Period: 09/29/2015 - 09/29/2015 Amt: \$ 280.00 Bal: \$ 280.00 * >120 *
 ECS Claim

10/21/2015 Bill# 3 Payer#1 Period: 10/20/2015 - 10/20/2015 Amt: \$ 280.00 Bal: \$ 280.00 * >120 *

Frank Iaconetti #10033

Date of Birth : 10/11/1991
 Phone #'s : 631-846-6281 / 631-682-6060
 Case # : 2
 Case Description : DOWLING PT

Payer #1 : HEALTHFIRST CLAIMS DEPT 212-801-1686
 Group# :

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ID# : CB93165G

Payer #2 : Health Smart 800-331-1096
 Guarantor : Frank Iaconetti
 Group# :
 ID# : 900537891

Payer #3 : MUTUAL OF OMAHA- SRS 800-524-2324
 Guarantor : Frank Iaconetti
 Group# :
 ID# : T5MP051085250

11/01/2013 Bill# 2 Payer#1 Period: 10/29/2013 - 10/31/2013 Amt: \$ 330.00 Bal: \$ -65.77 * >120 *
 Payer Rebilled 10/21/2014.
 Claim #R2577535. Remarks: SEE 12/6 NOTE
 Billed secondary: 12/18/2013
 Billed secondary: 10/21/2014

11/15/2013 Bill# 5 Payer#1 Period: 11/12/2013 - 11/12/2013 Amt: \$ 185.00 Bal: \$ -30.61 * >120 *
 Payer Rebilled 10/21/2014.
 Claim #R2577535. Remarks: billed 2nd w/1.2 eob; see 12/6 note
 Billed secondary: 01/29/2014
 Billed secondary: 10/21/2014
 Billed secondary: 10/21/2014
 Billed secondary: 10/21/2014

Husumatu Jalloh #12268

Date of Birth : 12/23/1991
 Phone #'s : 917-539-1525
 Case # : 1
 Case Description : DOWLING 2014

Payer #2 : NAHGA CLAIM SERVICES 800-952-4320
 Guarantor : Husumatu Jalloh
 Group# :
 ID# : UIA6390A

Payer #3 : MUTUAL OF OMAHA- SRS 800-524-2324
 Guarantor : Husamata Jalloh
 Group# :
 ID# : T5MP051085250

11/13/2015 Bill# 16 Payer#2 Period: 10/27/2015 - 11/06/2015 Amt: \$ 300.00 Bal: \$ 238.00 * >120 *
 Payer Rebilled 03/23/2016. Patient Statement sent 02/02/2016. ECS Claim
 Remarks: deductible met to MOO 3.23.16 eob 2.16.16
 Billed secondary: 03/23/2016

11/13/2015 Bill# 17 Payer#2 Period: 11/10/2015 - 11/10/2015 Amt: \$ 150.00 Bal: \$ 150.00 * >120 *
 Payer Rebilled 03/23/2016. Patient Statement sent 02/02/2016. ECS Claim
 Remarks: deductible met to MOO 3.23.16 eob 2.16.16
 Billed secondary: 03/23/2016

12/04/2015 Bill# 18 Payer#2 Period: 12/01/2015 - 12/01/2015 Amt: \$ 150.00 Bal: \$ 150.00 * >120 *
 Payer Rebilled 03/23/2016. Patient Statement sent 02/02/2016.
 Remarks: deductible met to MOO 3.23.16 eob 2.16.16
 Billed secondary: 03/23/2016

12/21/2015 Bill# 19 Payer#2 Period: 12/08/2015 - 12/08/2015 Amt: \$ 150.00 Bal: \$ 150.00 * >120 *
 Payer Rebilled 03/23/2016. Patient Statement sent 02/02/2016.
 Remarks: deductible met to MOO 3.23.16 eob 2.16.16
 Billed secondary: 03/23/2016

Daniel Keenan #13209

Date of Birth : 06/09/1997
 Phone #'s : 631-476-0276
 Case # : 1
 Case Description : DOWLING

Payer #1 : UNITED HEALTH CARE 877-842-3210
 Group# :
 ID# : 9118772604

Payer #2 : NAHGA CLAIM SERVICES 800-952-4320
 Guarantor : Daniel Keenan
 Group# :
 ID# : UIA6390A

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Payer #3 : MUTUAL OF OMAHA- SRS 800-524-2324
 Guarantor : Daniel Keenan
 Group# :
 ID# : T5MP051085250

04/19/2016 Bill# 2 Payer#1 Period: 03/29/2016 - 04/01/2016 Amt: \$ 288.00 Bal: \$ 90.00 * >120 *
 Payer Rebilled 06/07/2016. ECS Claim
 Claim #18059307. Remarks: PR \$90 to 2ndary 6.7.16
 Billed secondary: 06/07/2016
 05/04/2016 Bill# 3 Payer#1 Period: 04/22/2016 - 05/03/2016 Amt: \$ 200.00 Bal: \$ 90.00 * >120 *
 Payer Rebilled 06/15/2016. ECS Claim
 Claim #18059307. Remarks: PR \$90 to 2ndary 6.15.15
 Billed secondary: 06/15/2016

Katarzyna Klocek #11451

Date of Birth : 11/06/1992
 Phone #'s : 631-244-1119
 Case # : 1
 Case Description : DOWLING Chiro

Payer #1 : MUTUAL OF OMAHA- SRS 800-524-2324
 Group# :
 ID# : T5MP051085250

Payer #2 : Health Smart 800-331-1096
 Guarantor : Katarzyna Klocek
 Group# :
 ID# : 900614316

Payer #3 : Magnacare 877-624-6210
 Group# : SF746C3
 ID# : D00614316

Payer #4 : NAHGA CLAIM SERVICES 800-952-4320
 Guarantor : Katarzyna Klocek
 Group# :
 ID# : UIA6390A

12/06/2013 Bill# 11 Payer#2 Period: 12/03/2013 - 12/03/2013 Amt: \$ 185.00 Bal: \$ 185.00 * >120 *
 Payer Rebilled 02/18/2016.
 Remarks: den max'd to MOO 11.18.14 denying pmt see notes
 Billed secondary: 11/18/2014
 Billed secondary: 02/18/2016
 09/22/2015 Bill# 14 Payer#4 Period: 08/28/2015 - 08/28/2015 Amt: \$ 188.00 Bal: \$ 188.00 * >120 *
 Payer Rebilled 11/23/2015. ECS Claim
 Remarks: to nahga 11.23.15

Katarzyna Klocek #11451

Date of Birth : 11/06/1992
 Phone #'s : 631-244-1119
 Case # : 2
 Case Description : DOWLING PT

Payer #1 : MUTUAL OF OMAHA- SRS 800-524-2324
 Group# :
 ID# : T5MP051085250

Payer #2 : Health Smart 800-331-1096
 Group# :
 ID# : 900614316

Payer #3 : NAHGA CLAIM SERVICES 800-952-4320
 Group# :
 ID# : UIA6390A

09/17/2014 Bill# 1 Payer#2 Period: 09/04/2014 - 09/09/2014 Amt: \$ 660.00 Bal: \$ 334.27 * >120 *
 Payer Rebilled 01/26/2016. ECS Claim
 Remarks: cc 2nd; per eob max benefits reached; see 8/6/15 note
 Billed secondary: 08/06/2015
 09/17/2014 Bill# 2 Payer#2 Period: 09/11/2014 - 09/16/2014 Amt: \$ 470.00 Bal: \$ 470.00 * >120 *

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Payer Rebilled 01/26/2016. ECS Claim

Billed secondary: 08/06/2015

09/19/2014 Bill# 3 Payer#2 Period: 09/18/2014 - 09/18/2014 Amt: \$ 280.00 Bal: \$ 280.00 * >120 *
 Payer Rebilled 01/26/2016. ECS Claim

Billed secondary: 08/06/2015

09/25/2014 Bill# 4 Payer#2 Period: 09/23/2014 - 09/23/2014 Amt: \$ 280.00 Bal: \$ 280.00 * >120 *
 Payer Rebilled 01/26/2016. ECS Claim

Billed secondary: 08/06/2015

12/17/2015 Bill# 10 Payer#3 Period: 12/08/2015 - 12/11/2015 Amt: \$ 710.00 Bal: \$ 710.00 * >120 *
 Payer Rebilled 01/26/2016. ECS Claim

Randi Knepper #13253

Date of Birth : 10/19/1996
 Phone #'s : 631-467-2611
 Case # : 1
 Case Description : DOWLING

Payer #1 : NY BLUE CROSS BLUE SHIELD 800-552-6630
 Group# :
 ID# : KYI805653967

Payer #2 : NAHGA CLAIM SERVICES 800-952-4320
 Guarantor : Randi Knepper
 Group# :
 ID# : UIA6390A

Payer #3 : MUTUAL OF OMAHA- SRS 800-524-2324
 Guarantor : Randi Knepper
 Group# :
 ID# : T5MP051085250

11/13/2015 Bill# 1 Payer#1 Period: 09/25/2015 - 09/25/2015 Amt: \$ 299.00 Bal: \$ 30.00 * >120 *
 Payer Rebilled 12/17/2015. ECS Claim
 Remarks: PR \$30 to 2ndary 12.17.15
 Billed secondary: 12/17/2015
 11/13/2015 Bill# 2 Payer#1 Period: 09/29/2015 - 09/29/2015 Amt: \$ 150.00 Bal: \$ 30.00 * >120 *
 Payer Rebilled 12/17/2015. ECS Claim
 Remarks: PR \$30 to 2ndary 12.17.15
 Billed secondary: 12/17/2015

Brooke Kreuscher #12285

Date of Birth : 09/01/1995
 Phone #'s : 631-472-1196 / 631-806-5769
 Case # : 1
 Case Description : DOWLING PT

Payer #1 : NY BLUE CROSS BLUE SHIELD 800-552-6630
 Group# :
 ID# : LJLXZ1574529

Payer #2 : Health Smart 800-331-1096
 Group# :
 ID# : CUH202051

Payer #3 : MUTUAL OF OMAHA- SRS 800-524-2324
 Group# :
 ID# : T5MP051085250

10/16/2014 Bill# 1 Payer#1 Period: 09/25/2014 - 09/26/2014 Amt: \$ 710.00 Bal: \$ 120.00 * >120 *
 Payer Rebilled 01/26/2015. Patient Statement sent 11/03/2014. ECS Claim
 Remarks: cc to 2nd; per bcbs \$120 applied to ded
 Billed secondary: 12/17/2014
 Billed secondary: 01/26/2015
 10/16/2014 Bill# 2 Payer#1 Period: 09/30/2014 - 09/30/2014 Amt: \$ 280.00 Bal: \$ 60.00 * >120 *
 Payer Rebilled 01/26/2015. Patient Statement sent 11/03/2014. ECS Claim
 Remarks: cc to 2nd; per bcbs \$60 applied to ded
 Billed secondary: 12/17/2014
 Billed secondary: 01/26/2015

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Samantha Labarbera #13798

Date of Birth : 05/31/1997
 Phone #'s : 845-563-0266
 Case # : 1
 Case Description : DOWLING

Payer #1 : American Specialty Health Network 800-972-4226
 Group# :
 ID# : YLD84037236

Payer #2 : NAHGA CLAIM SERVICES 800-952-4320
 Group# :
 ID# : UIA6390A

Payer #3 : MUTUAL OF OMAHA- SRS 800-524-2324
 Group# :
 ID# : T5MP051085250

04/19/2016 Bill# 1 Payer#1 Period: 03/18/2016 - 03/18/2016 Amt: \$ 249.00 Bal: \$ 20.00 * >120 *
 Payer Rebilled 06/15/2016. ECS Claim
 Remarks: PR \$20 to 2ndary 6.15.16
 Billed secondary: 06/15/2016

Caroline Martin #13212

Date of Birth : 12/19/1996
 Phone #'s : 845-866-0848
 Case # : 1
 Case Description : DOWLING

Payer #1 : NY BLUE CROSS BLUE SHIELD 800-552-6630
 Guarantor : Caroline Martin
 Group# :
 ID# : YLK89273257

Payer #2 : UNITED HEALTHCARE / MPN 877-769-7447
 Guarantor : Caroline Martin
 Group# :
 ID# : 890458305

Payer #3 : NAHGA CLAIM SERVICES 800-952-4320
 Guarantor : Caroline Martin
 Group# :
 ID# : UIA6390A

Payer #4 : MUTUAL OF OMAHA- SRS 800-524-2324
 Guarantor : Caroline Martin
 Group# :
 ID# : T5MO051085250

10/01/2015 Bill# 1 Payer#1 Period: 09/11/2015 - 09/15/2015 Amt: \$ 399.00 Bal: \$ 10.00 * >120 *
 Payer Rebilled 02/04/2016. ECS Claim
 Remarks: PR \$40 to mpn 10.23.15 to MPN PR \$10 notes to nahga 6.9.16
 Billed secondary: 10/23/2015
 Billed secondary: 02/03/2016
 Billed secondary: 02/04/2016

10/01/2015 Bill# 2 Payer#1 Period: 09/25/2015 - 09/25/2015 Amt: \$ 150.00 Bal: \$ 10.00 * >120 *
 Payer Rebilled 02/04/2016. ECS Claim
 Remarks: PR \$20 to mpn 10.23.15 PR \$10 sent note to Nahga 3.7.16 sent note 5.3.16
 Billed secondary: 10/23/2015
 Billed secondary: 02/03/2016
 Billed secondary: 02/03/2016
 Billed secondary: 02/04/2016

03/09/2016 Bill# 3 Payer#1 Period: 02/23/2016 - 02/23/2016 Amt: \$ 238.00 Bal: \$ 10.00 * >120 *
 Payer Rebilled 06/28/2016. ECS Claim
 Remarks: PR \$20 to MPN 5.2.16 to nahga 6.28.16
 Billed secondary: 05/02/2016
 Billed secondary: 06/28/2016

03/09/2016 Bill# 4 Payer#1 Period: 03/01/2016 - 03/01/2016 Amt: \$ 150.00 Bal: \$ 10.00 * >120 *
 Payer Rebilled 07/28/2016. ECS Claim
 Remarks: PR \$20 to MPN 5.2.16 resent 6.16.16 to nahga 7.28.16
 Billed secondary: 05/02/2016

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Billed secondary: 07/28/2016
 04/05/2016 Bill# 5 Payer#1 Period: 03/29/2016 - 03/29/2016 Amt: \$ 150.00 Bal: \$ 20.00 * >120 *
 Payer Rebilled 05/25/2016. ECS Claim
 Remarks: PR \$20 to MPN 5.25.16
 Billed secondary: 05/25/2016
 04/19/2016 Bill# 6 Payer#1 Period: 03/18/2016 - 03/18/2016 Amt: \$ 150.00 Bal: \$ 20.00 * >120 *
 Payer Rebilled 06/13/2016. ECS Claim
 Remarks: PR \$20 to 2ndary 6.13.16,
 Billed secondary: 06/13/2016

Kristen McMahon #12403

Date of Birth : 03/15/1993
 Phone #'s : 631-447-6514
 Case # : 1
 Case Description : DOWLING PT

Payer #1 : NY BLUE CROSS BLUE SHIELD 800-552-6630
 Group# :
 ID# : PLJ81115205

Payer #2 : MUTUAL OF OMAHA- SRS 800-524-2324
 Guarantor : Kristen McMahon
 Group# :
 ID# : TSMP051085250

Payer #3 : Health Smart 800-331-1096
 Guarantor : Kristen McMahon
 Group# :
 ID# : CUH202051

12/17/2014 Bill# 6 Payer#1 Period: 12/12/2014 - 12/12/2014 Amt: \$ 140.00 Bal: \$ 15.00 * >120 *
 Payer Rebilled 11/19/2015. ECS Claim
 Claim #2014111145300004. Remarks: CC TO 2ND; PER BCBS \$15 PR; see 11/19/15 note
 Billed secondary: 01/02/2015
 Billed secondary: 11/19/2015
 01/14/2015 Bill# 9 Payer#1 Period: 01/07/2015 - 01/07/2015 Amt: \$ 280.00 Bal: \$ 241.12 * >120 *
 Payer Rebilled 12/29/2015. ECS Claim
 Claim #2015011245300020. Remarks: cc to 3rd; per HS \$241.12 pr (see 12/29 note); SEE 4/21/16 note
 Billed secondary: 11/19/2015
 Billed secondary: 12/29/2015
 04/21/2015 Bill# 24 Payer#1 Period: 04/17/2015 - 04/17/2015 Amt: \$ 140.00 Bal: \$ 140.00 * >120 *
 Payer Rebilled 09/15/2015. ECS Claim
 Claim #2015011245300020. Remarks: cc to 2nd; bcbs denied
 Billed secondary: 09/15/2015
 05/04/2015 Bill# 26 Payer#1 Period: 04/29/2015 - 04/29/2015 Amt: \$ 140.00 Bal: \$ 25.00 * >120 *
 Payer Rebilled 06/01/2016. ECS Claim
 Claim #2015011245300020. Remarks: cc to 2nd, \$25 PR
 Billed secondary: 06/01/2016
 08/11/2015 Bill# 40 Payer#1 Period: 08/05/2015 - 08/05/2015 Amt: \$ 140.00 Bal: \$ 140.00 * >120 *
 Payer Rebilled 10/28/2015. ECS Claim
 Claim #2015011245300020.
 Billed secondary: 10/28/2015
 08/18/2015 Bill# 41 Payer#1 Period: 08/10/2015 - 08/10/2015 Amt: \$ 140.00 Bal: \$ 140.00 * >120 *
 Payer Rebilled 10/28/2015. ECS Claim
 Claim #2015011245300020.
 Billed secondary: 10/28/2015
 08/28/2015 Bill# 42 Payer#1 Period: 08/24/2015 - 08/24/2015 Amt: \$ 140.00 Bal: \$ 140.00 * >120 *
 Payer Rebilled 11/19/2015. ECS Claim
 Claim #2015011245300020. Remarks: cc to 2nd; BCBS denied
 Billed secondary: 11/19/2015

Christopher Millender #13861

Date of Birth : 10/10/1994
 Phone #'s : 631-885-3925 / 631-885-3925
 Case # : 1
 Case Description : PT/Dowling

Payer #1 : UNITED HEALTHCARE / MPN 877-769-7447
 Guarantor : Christopher Millender
 Group# :
 ID# : 890241837

Payer #2 : Mutual of Omaha 800-693-6093

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Guarantor : Christopher Millender
 Group# :
 ID# : T5MP051085-250

 Payer #3 : NAHGA CLAIM SERVICES 800-952-4320
 Guarantor : Christopher Millender
 Group# :
 ID# : UIA6390A

05/20/2016 Bill# 1 Payer#1 Period: 05/03/2016 - 05/05/2016 Amt: \$ 775.00 Bal: \$ 775.00 * >120 *
 ECS Claim
 Claim #18452892.

Kelly Minicozzi #13154

Date of Birth : 05/09/1996
 Phone #'s : 631-289-2228
 Case # : 1
 Case Description : DOWLING PT

 Payer #1 : NY BLUE CROSS BLUE SHIELD 800-552-6630
 Guarantor : Kelly Minicozzi
 Group# :
 ID# : EZVAN2566981

 Payer #2 : Health Smart 800-331-1096
 Group# : SF746A3
 ID# : CUH202051

 Payer #3 : MUTUAL OF OMAHA- SRS 800-524-2324
 Group# :
 ID# : T5MP051085250

 Payer #4 : NAHGA CLAIM SERVICES 800-952-4320
 Guarantor : Kelly Minicozzi
 Group# :
 ID# : UIA6390A

09/28/2015 Bill# 2 Payer#1 Period: 09/21/2015 - 09/23/2015 Amt: \$ 280.00 Bal: \$ 50.00 * >120 *
 Payer Rebilled 12/06/2015. ECS Claim
 Remarks: see 2/26/16 note; bcbs coins \$50 (see 12/3/15 note)
 Billed secondary: 12/03/2015
 Billed secondary: 12/06/2015
 Billed secondary: 12/06/2015
 09/30/2015 Bill# 3 Payer#1 Period: 09/25/2015 - 09/28/2015 Amt: \$ 280.00 Bal: \$ 50.00 * >120 *
 Payer Rebilled 12/06/2015. ECS Claim
 Remarks: cc to 2nd; see 12/3/15 note; see 2/26/16 note
 Billed secondary: 12/03/2015
 Billed secondary: 12/06/2015
 Billed secondary: 12/06/2015
 11/07/2015 Bill# 6 Payer#1 Period: 10/07/2015 - 10/19/2015 Amt: \$ 420.00 Bal: \$ 75.00 * >120 *
 Payer Rebilled 01/16/2017. ECS Claim
 Remarks: see 12/22/15 note
 Billed secondary: 01/16/2017
 11/07/2015 Bill# 7 Payer#1 Period: 10/21/2015 - 10/27/2015 Amt: \$ 560.00 Bal: \$ 75.00 * >120 *
 ECS Claim
 Remarks: see 12/22 note
 11/13/2015 Bill# 9 Payer#1 Period: 10/29/2015 - 11/06/2015 Amt: \$ 840.00 Bal: \$ 75.00 * >120 *
 Payer Rebilled 09/29/2016. ECS Claim
 Remarks: cc to 2nd; per bcbs \$75 pr
 Billed secondary: 01/09/2016
 Billed secondary: 09/29/2016
 11/13/2015 Bill# 10 Payer#1 Period: 11/09/2015 - 11/09/2015 Amt: \$ 280.00 Bal: \$ 25.00 * >120 *
 Payer Rebilled 01/09/2016. ECS Claim
 Remarks: cc to 2nd; per bcbs \$25 pr; see 4/4/16 note
 Billed secondary: 01/09/2016
 12/08/2015 Bill# 13 Payer#1 Period: 11/25/2015 - 12/02/2015 Amt: \$ 840.00 Bal: \$ 75.00 * >120 *
 Payer Rebilled 11/10/2016. ECS Claim
 Remarks: cc to 2nd; per bcbs \$75 pr
 Billed secondary: 01/27/2016
 Billed secondary: 11/10/2016
 12/17/2015 Bill# 14 Payer#1 Period: 12/04/2015 - 12/09/2015 Amt: \$ 840.00 Bal: \$ 75.00 * >120 *
 ECS Claim
 Remarks: cc to 2nd; per bcbs \$75 pr
 12/17/2015 Bill# 15 Payer#1 Period: 12/11/2015 - 12/16/2015 Amt: \$ 840.00 Bal: \$ 75.00 * >120 *

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ECS Claim							
Remarks: cc to 2nd; per bcbs \$75 pr							
12/23/2015	Bill# 16	Payer#1	Period: 12/21/2015 - 12/21/2015	Amt: \$ 280.00	Bal: \$ 25.00		* >120 *
ECS Claim							
Remarks: cc to 2nd; per bcbs \$25 pr							
01/09/2016	Bill# 17	Payer#1	Period: 12/23/2015 - 12/30/2015	Amt: \$ 840.00	Bal: \$ -105.00		* >120 *
Payer Rebilled 04/05/2016. ECS Claim							
Remarks: cc to 2nd; per bcbs \$75 pr; see 11-16-16 note							
Billed secondary: 04/05/2016							
01/09/2016	Bill# 18	Payer#1	Period: 01/04/2016 - 01/06/2016	Amt: \$ 560.00	Bal: \$ -70.00		* >120 *
Payer Rebilled 04/05/2016. ECS Claim							
Remarks: cc to 2nd; per bcbs \$50 pr; see 11-16-16 note							
Billed secondary: 04/05/2016							
01/12/2016	Bill# 19	Payer#1	Period: 01/08/2016 - 01/08/2016	Amt: \$ 280.00	Bal: \$ 25.00		* >120 *
ECS Claim							
Remarks: cc to 2nd; per bcbs \$25 pr							
01/18/2016	Bill# 20	Payer#1	Period: 01/11/2016 - 01/15/2016	Amt: \$ 840.00	Bal: \$ 75.00		* >120 *
ECS Claim							
Remarks: cc to 2nd; per mc \$75 pr							
01/26/2016	Bill# 22	Payer#1	Period: 01/25/2016 - 01/25/2016	Amt: \$ 280.00	Bal: \$ 25.00		* >120 *
Payer Rebilled 04/05/2016. ECS Claim							
Remarks: cc to 2nd; per bcbs \$25 pr							
Billed secondary: 04/05/2016							
02/02/2016	Bill# 23	Payer#1	Period: 01/29/2016 - 02/01/2016	Amt: \$ 690.00	Bal: \$ 50.00		* >120 *
Payer Rebilled 04/05/2016. ECS Claim							
Remarks: cc to 2nd; per bcbs \$50 pr							
Billed secondary: 04/05/2016							
02/24/2016	Bill# 26	Payer#1	Period: 02/12/2016 - 02/18/2016	Amt: \$ 840.00	Bal: \$ 75.00		* >120 *
Payer Rebilled 05/17/2016. ECS Claim							
Remarks: cc to 2nd; per bcbs \$75 pr; nahga denied, see 12/26 notes							
Billed secondary: 05/17/2016							
02/24/2016	Bill# 27	Payer#1	Period: 02/19/2016 - 02/23/2016	Amt: \$ 560.00	Bal: \$ 50.00		* >120 *
Payer Rebilled 11/10/2016. ECS Claim							
Remarks: cc to 2nd; per bcbs \$50 pr							
Billed secondary: 05/17/2016							
Billed secondary: 11/10/2016							
02/26/2016	Bill# 28	Payer#1	Period: 02/25/2016 - 02/25/2016	Amt: \$ 280.00	Bal: \$ 25.00		* >120 *
Payer Rebilled 07/21/2016. ECS Claim							
Remarks: cc to 2nd; per bcbs \$25 pr							
Billed secondary: 04/21/2016							
Billed secondary: 07/21/2016							
03/09/2016	Bill# 29	Payer#1	Period: 02/26/2016 - 03/03/2016	Amt: \$ 840.00	Bal: \$ 75.00		* >120 *
Payer Rebilled 11/10/2016. ECS Claim							
Remarks: cc to 2nd; per bcbs \$75 pr							
Billed secondary: 04/05/2016							
Billed secondary: 04/27/2016							
Billed secondary: 07/22/2016							
Billed secondary: 11/10/2016							
03/09/2016	Bill# 30	Payer#1	Period: 03/08/2016 - 03/08/2016	Amt: \$ 280.00	Bal: \$ 25.00		* >120 *
Payer Rebilled 04/27/2016. ECS Claim							
Remarks: cc to 2nd; per bcbs \$25 pr; NAHGA denied, see notes							
Billed secondary: 04/27/2016							
03/11/2016	Bill# 31	Payer#1	Period: 03/10/2016 - 03/10/2016	Amt: \$ 280.00	Bal: \$ 25.00		* >120 *
Payer Rebilled 04/27/2016. ECS Claim							
Remarks: cc to 2nd; per bcbs \$25 pr; NAHGA denied, see notes							
Billed secondary: 04/27/2016							
03/14/2016	Bill# 32	Payer#1	Period: 03/11/2016 - 03/11/2016	Amt: \$ 280.00	Bal: \$ 25.00		* >120 *
Payer Rebilled 11/10/2016. ECS Claim							
Remarks: cc to 2nd; per bcbs \$25 pr; NAHGA denied, will f/u with them							
Billed secondary: 04/28/2016							
Billed secondary: 11/10/2016							
03/22/2016	Bill# 33	Payer#1	Period: 03/17/2016 - 03/18/2016	Amt: \$ 560.00	Bal: \$ 50.00		* >120 *
Payer Rebilled 11/10/2016. ECS Claim							
Remarks: cc to 2nd; per bcbs \$50 pr; NAHGA denied, see 8/8/16 note							
Billed secondary: 06/01/2016							
Billed secondary: 11/10/2016							
04/13/2016	Bill# 35	Payer#1	Period: 04/05/2016 - 04/07/2016	Amt: \$ 560.00	Bal: \$ 50.00		* >120 *
Payer Rebilled 11/10/2016. ECS Claim							
Remarks: cc to 2nd; per bcbs \$50 pr							
Billed secondary: 05/31/2016							
Billed secondary: 11/10/2016							
Billed secondary: 11/10/2016							
04/13/2016	Bill# 36	Payer#1	Period: 04/08/2016 - 04/12/2016	Amt: \$ 560.00	Bal: \$ 50.00		* >120 *
Tracer sent 01/16/2017. Payer Rebilled 11/17/2016. ECS Claim							
Remarks: cc to 2nd; per bcbs \$50 pr; NAHGA denied, see 11/17 note							
Billed secondary: 05/31/2016							
Billed secondary: 11/17/2016							
04/20/2016	Bill# 37	Payer#1	Period: 04/14/2016 - 04/19/2016	Amt: \$ 560.00	Bal: \$ 50.00		* >120 *

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ECS Claim
 Remarks: cc to 2nd; per bcbs \$50 pr
 05/03/2016 Bill# 38 Payer#1 Period: 04/22/2016 - 04/26/2016 Amt: \$ 560.00 Bal: \$ 50.00 * >120 *
 Payer Rebilled 11/10/2016. ECS Claim
 Remarks: cc to 2nd ; per bcbs \$50 pr
 Billed secondary: 06/30/2016
 Billed secondary: 11/10/2016
 05/16/2016 Bill# 39 Payer#1 Period: 05/05/2016 - 05/12/2016 Amt: \$ 840.00 Bal: \$ 108.00 * >120 *
 Payer Rebilled 08/11/2016. ECS Claim
 Remarks: cc to 2nd; per bcbs \$108 pr; nahga denied, see 12/26 notes
 Billed secondary: 08/11/2016
 06/07/2016 Bill# 40 Payer#1 Period: 05/31/2016 - 05/31/2016 Amt: \$ 280.00 Bal: \$ 60.00 * >120 *
 Payer Rebilled 08/11/2016. ECS Claim
 Remarks: cc to 2nd; bcbs applied \$60 to ded; nahga denied, see 12/26 notes
 Billed secondary: 08/11/2016
 06/15/2016 Bill# 41 Payer#1 Period: 06/08/2016 - 06/09/2016 Amt: \$ 560.00 Bal: \$ 50.00 * >120 *
 Payer Rebilled 07/25/2016. ECS Claim
 Remarks: cc to 2nd; per bcbs \$50 pr
 Billed secondary: 07/25/2016
 06/22/2016 Bill# 42 Payer#1 Period: 06/15/2016 - 06/16/2016 Amt: \$ 560.00 Bal: \$ 50.00 * >120 *
 Payer Rebilled 11/10/2016. ECS Claim
 Remarks: cc to 2nd; per bcbs \$50 pr; NAHGA denied, sent appeal
 Billed secondary: 08/09/2016
 Billed secondary: 10/26/2016
 Billed secondary: 11/10/2016
 Billed secondary: 11/10/2016
 06/28/2016 Bill# 43 Payer#1 Period: 06/23/2016 - 06/23/2016 Amt: \$ 280.00 Bal: \$ 25.00 * >120 *
 Payer Rebilled 07/12/2016. ECS Claim
 Remarks: cc to 2nd; per bcbs \$25 pr; NAHGA denied, see 12/26 note
 Billed secondary: 07/12/2016
 07/07/2016 Bill# 44 Payer#1 Period: 07/01/2016 - 07/06/2016 Amt: \$ 560.00 Bal: \$ 50.00 * >120 *
 Payer Rebilled 07/18/2016. ECS Claim
 Remarks: cc to 2nd; per bcbs \$50 pr
 Billed secondary: 07/18/2016
 07/19/2016 Bill# 45 Payer#1 Period: 07/13/2016 - 07/13/2016 Amt: \$ 140.00 Bal: \$ 25.00 * >120 *
 Payer Rebilled 08/15/2016. ECS Claim
 Remarks: cc to 2nd; per bcbs \$25 pr
 Billed secondary: 08/15/2016
 07/28/2016 Bill# 46 Payer#1 Period: 07/21/2016 - 07/21/2016 Amt: \$ 280.00 Bal: \$ 25.00 * >120 *
 Payer Rebilled 08/25/2016. ECS Claim
 Remarks: cc to 2nd; per bcbs \$25 pr; nahga denied, see 12/26 notes
 Billed secondary: 08/25/2016
 07/29/2016 Bill# 47 Payer#1 Period: 07/27/2016 - 07/27/2016 Amt: \$ 280.00 Bal: \$ 25.00 * >120 *
 Payer Rebilled 08/25/2016. ECS Claim
 Remarks: cc to 2nd; per bcbs \$25 pr; nahga denied, see 12/26 notes
 Billed secondary: 08/25/2016
 Billed secondary: 08/25/2016

Felicia Mulholland #13210

Date of Birth : 11/14/1995
 Phone #'s : 508-857-1365
 Case # : 1
 Case Description : DOWLING

Payer #1 : TUFTS 888-884-2404
 Guarantor : Felicia Mulholland
 Group# :
 ID# : 77537631903

Payer #2 : NAHGA CLAIM SERVICES 800-952-4320
 Guarantor : Felicia Mulholland
 Group# :
 ID# : UIA6390A

Payer #3 : MUTUAL OF OMAHA- SRS 800-524-2324
 Guarantor : Felicia Mulholland
 Group# :
 ID# : TSMP051085250

Payer #4 : NY BLUE CROSS BLUE SHIELD 800-552-6630
 Group# :
 ID# : CDQ123199356001

04/05/2016 Bill# 7 Payer#4 Period: 02/23/2016 - 02/23/2016 Amt: \$ 238.00 Bal: \$ 11.70 * >120 *
 Payer Rebilled 05/19/2016. ECS Claim

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Remarks: PR \$11.70 to 2ndary 5.19.16
 Billed secondary: 05/19/2016
 04/05/2016 Bill# 8 Payer#4 Period: 03/01/2016 - 03/08/2016 Amt: \$ 300.00 Bal: \$ 14.40 * >120 *
 Payer Rebilled 05/19/2016. ECS Claim
 Remarks: PR \$14.40 to 2ndary 5.19.16
 Billed secondary: 05/19/2016
 04/05/2016 Bill# 9 Payer#4 Period: 03/11/2016 - 03/15/2016 Amt: \$ 300.00 Bal: \$ 14.40 * >120 *
 Payer Rebilled 05/19/2016. ECS Claim
 Remarks: PR
 Billed secondary: 05/19/2016
 04/19/2016 Bill# 10 Payer#4 Period: 03/18/2016 - 03/29/2016 Amt: \$ 300.00 Bal: \$ 14.40 * >120 *
 Payer Rebilled 06/06/2016. ECS Claim
 Remarks: PR \$14.40 to 2ndary 6.6.16
 Billed secondary: 06/06/2016
 04/19/2016 Bill# 11 Payer#4 Period: 04/05/2016 - 04/12/2016 Amt: \$ 300.00 Bal: \$ 14.40 * >120 *
 Payer Rebilled 06/06/2016. ECS Claim
 Remarks: PR \$14.40 to 2ndary 6.6.16
 Billed secondary: 06/06/2016
 04/19/2016 Bill# 12 Payer#4 Period: 04/14/2016 - 04/14/2016 Amt: \$ 300.00 Bal: \$ 13.20 * >120 *
 Payer Rebilled 06/06/2016. ECS Claim
 Remarks: PR \$13.20 to 2ndary 6.6.16
 Billed secondary: 06/06/2016
 05/04/2016 Bill# 13 Payer#4 Period: 04/15/2016 - 04/16/2016 Amt: \$ 300.00 Bal: \$ 105.40 * >120 *
 Payer Rebilled 06/13/2016. ECS Claim
 Remarks: PR \$105.40 to 2ndary 6.13.16
 Billed secondary: 06/13/2016
 05/04/2016 Bill# 14 Payer#4 Period: 04/26/2016 - 05/03/2016 Amt: \$ 300.00 Bal: \$ 105.40 * >120 *
 Payer Rebilled 06/13/2016. ECS Claim
 Remarks: PR \$105.40 to 2ndary 6.13.16
 Billed secondary: 06/13/2016
 05/16/2016 Bill# 15 Payer#4 Period: 05/06/2016 - 05/06/2016 Amt: \$ 150.00 Bal: \$ 52.70 * >120 *
 Payer Rebilled 06/21/2016. ECS Claim
 Remarks: PR \$52.70 to 2ndary 6.21.16
 Billed secondary: 06/21/2016

John Murray #13814

Date of Birth : 02/10/1996
 Phone #'s : 631-750-3658
 Case # : 1
 Case Description : DOWLING

Payer #1 : UNITED HEALTHCARE / MPN 877-769-7447
 Group# :
 ID# : 890719421

Payer #2 : NAHGA CLAIM SERVICES 800-952-4320
 Group# :
 ID# : U1A6390A

Payer #3 : MUTUAL OF OMAHA- SRS 800-524-2324
 Group# :
 ID# : T5MP051085250

05/04/2016 Bill# 1 Payer#1 Period: 04/12/2016 - 04/12/2016 Amt: \$ 299.00 Bal: \$ 20.00 * >120 *
 Payer Rebilled 06/15/2016. ECS Claim
 Claim #18135729. Remarks: PR \$20 to 2ndary 6.15.165
 Billed secondary: 06/15/2016

Carla Calleja Ortiz #12347

Date of Birth : 06/11/1992
 Phone #'s : 631-244-1119
 Case # : 1
 Case Description : DOWLING

Payer #1 : MAGNACARE 800-235-7267
 Group# :
 ID# : D00603289

Payer #2 : CIGNA 800-308-5948
 Guarantor : Carla Calleja Ortiz
 Group# :
 ID# : 8531317

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Payer #3 : MUTUAL OF OMAHA- SRS 800-524-2324
 Guarantor : Carla Calleja Ortiz
 Group# :
 ID# : T5MP051085250

Payer #4 : Health Smart 800-331-1096
 Guarantor : Carla Calleja Ortiz
 Group# : SF746A3
 ID# : UHL6309A

Payer #5 : NAHGA CLAIM SERVICES 800-952-4320
 Guarantor : Carla Calleja Ortiz
 Group# :
 ID# : UIA6390A

12/21/2015 Bill# 5 Payer#2 Period: 10/16/2015 - 10/16/2015 Amt: \$ 278.00 Bal: \$ 10.00 * >120 *
 Payer Rebilled 08/05/2016. ECS Claim
 Remarks: PR \$10 to 2ndray 8.5.16 sent inj rpt 11.7.16
 Billed secondary: 08/05/2016

Amanda L Ostapow #11969

Date of Birth : 08/11/1989
 Phone #'s : 631-689-1676 / 631-258-7435
 Case # : 3
 Case Description : PT/MPN/Shoulder

Payer #1 : UNITED HEALTHCARE / MPN 877-769-7447
 Group# : 003050
 ID# : 890309679

09/01/2015 Bill# 3 Payer#1 Period: 08/26/2015 - 08/27/2015 Amt: \$ 280.00 Bal: \$ 4.00 * >120 *
 ECS Claim
 Claim #17117914. Remarks: per UHC \$68 allowed \$60 to ded- \$4 to patient

Oluwadamilare Oyefeso #13684

Date of Birth : 08/28/1997
 Phone #'s : 718-207-5834
 Case # : 1
 Case Description : DOWLING

Payer #1 : GHI 212-501-4444
 Group# :
 ID# : 930552940

Payer #2 : NAHGA CLAIM SERVICES 800-952-4320
 Guarantor : Oluwadamilare Oyefeso
 Group# :
 ID# : UIA6390A

Payer #3 : MUTUAL OF OMAHA- SRS 800-524-2324
 Guarantor : Oluwadamilare Oyefeso
 Group# :
 ID# : T5MP051085250

03/24/2016 Bill# 1 Payer#1 Period: 03/01/2016 - 03/01/2016 Amt: \$ 299.00 Bal: \$ 15.00 * >120 *
 Payer Rebilled 06/13/2016. ECS Claim
 Remarks: PR \$15 to 2ndary 6.13.16
 Billed secondary: 06/13/2016

03/24/2016 Bill# 2 Payer#1 Period: 03/11/2016 - 03/15/2016 Amt: \$ 300.00 Bal: \$ 30.00 * >120 *
 Payer Rebilled 06/13/2016. ECS Claim
 Remarks: PR \$30 to 2ndary 6.13.16
 Billed secondary: 06/13/2016

04/19/2016 Bill# 3 Payer#1 Period: 03/29/2016 - 04/12/2016 Amt: \$ 300.00 Bal: \$ 30.00 * >120 *
 Payer Rebilled 06/13/2016. ECS Claim
 Remarks: PR \$30 to 2ndary 6.13.16
 Billed secondary: 06/13/2016

05/04/2016 Bill# 4 Payer#1 Period: 04/26/2016 - 05/03/2016 Amt: \$ 300.00 Bal: \$ 30.00 * >120 *
 Payer Rebilled 06/13/2016. ECS Claim
 Remarks: PR \$30 to 2ndary 6.13.16
 Billed secondary: 06/13/2016

05/16/2016 Bill# 5 Payer#1 Period: 05/06/2016 - 05/06/2016 Amt: \$ 150.00 Bal: \$ 15.00 * >120 *

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Payer Rebilled 06/23/2016. ECS Claim
 Remarks: PR \$15 to 2ndary 6.23.15
 Billed secondary: 06/23/2016

John Parisi #12390

Date of Birth : 08/03/1995
 Phone #'s : 631-486-8231
 Case # : 2
 Case Description : Dowling PT

Payer #1 : UNITED HEALTHCARE / MPN 877-769-7447
 Guarantor : John Parisi
 Group# :
 ID# : 890414596

Payer #2 : Health Smart 800-331-1096
 Guarantor : John Parisi
 Group# : SF746A3
 ID# : CUH202051

Payer #3 : MUTUAL OF OMAHA- SRS 800-524-2324
 Guarantor : John Parisi
 Group# :
 ID# : T5MP051085250

11/07/2015	Bill# 1	Payer#1	Period: 10/30/2015 - 10/30/2015	Amt: \$ 430.00	Bal: \$ 430.00	* >120 *
ECS Claim						
Claim #17471813.						
11/13/2015	Bill# 2	Payer#1	Period: 11/06/2015 - 11/06/2015	Amt: \$ 280.00	Bal: \$ 280.00	* >120 *
ECS Claim						
Claim #17471813.						
11/30/2015	Bill# 3	Payer#1	Period: 11/19/2015 - 11/19/2015	Amt: \$ 280.00	Bal: \$ 280.00	* >120 *
ECS Claim						
Claim #17471813.						
12/17/2015	Bill# 4	Payer#1	Period: 12/08/2015 - 12/08/2015	Amt: \$ 280.00	Bal: \$ 280.00	* >120 *
ECS Claim						
Claim #17471813.						

Nicholas Reisig #11840

Date of Birth : 04/21/1993
 Phone #'s : 631-567-9440
 Case # : 1
 Case Description : Dowling

Payer #1 : NY BLUE CROSS BLUE SHIELD 800-552-6630
 Group# :
 ID# : DNT80127509400

Payer #2 : MUTUAL OF OMAHA- SRS 800-524-2324
 Guarantor : Nicholas Reisig
 Group# :
 ID# : T5MP051085250

Payer #3 : Health Smart 800-331-1096
 Guarantor : Nicholas Reisig
 Group# :
 ID# : SRG9130832

Payer #4 : CIGNA HEALTHCARE 800-358-2341
 Group# :
 ID# : U1910546301

Payer #5 : NAHGA CLAIM SERVICES 800-952-4320
 Guarantor : Nicholas Reisig
 Group# :
 ID# : U1A6390A

04/19/2016	Bill# 4	Payer#4	Period: 03/08/2016 - 03/08/2016	Amt: \$ 278.00	Bal: \$ 278.00	* >120 *
Payer Rebilled 05/03/2016. Patient Statement sent 04/28/2016. ECS Claim						
Remarks: no OON benefits to 2ndary 5.3.16 w/inj rpt						
Billed secondary: 05/03/2016						
04/19/2016	Bill# 5	Payer#4	Period: 03/18/2016 - 03/18/2016	Amt: \$ 150.00	Bal: \$ 150.00	* >120 *

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Payer Rebilled 05/03/2016. Patient Statement sent 04/28/2016. ECS Claim
 Remarks: no OON benefits to 2ndary 5.3.16 w/ inj rpt
 Billed secondary: 05/03/2016

Jessie Sabal #13155

Date of Birth : 08/10/1996
 Phone #'s : 516-872-5316
 Case # : 1
 Case Description : DOWLING PT

Payer #1 : Health Smart 800-331-1096
 Group# :
 ID# : UHL6309A

Payer #2 : NY BLUE CROSS BLUE SHIELD 800-552-6630
 Guarantor : Jessie Sabal
 Group# :
 ID# : HMT81142173

Payer #3 : MUTUAL OF OMAHA- SRS 800-524-2324
 Guarantor : Jessie Sabal
 Group# :
 ID# : T5MP051085250

Payer #4 : NAHGA CLAIM SERVICES 800-952-4320
 Guarantor : Jessie Sabal
 Group# :
 ID# : UIA6390A

11/23/2015	Bill# 10	Payer#2	Period: 11/18/2015 - 11/18/2015	Amt: \$ 280.00	Bal: \$ 20.00	* >120 *
Payer Rebilled 01/14/2016. ECS Claim						
Claim #2016011241500002. Remarks: cc to 2nd; per bcbs \$20 pr						
Billed secondary: 01/14/2016						
11/30/2015	Bill# 11	Payer#2	Period: 11/23/2015 - 11/23/2015	Amt: \$ 280.00	Bal: \$ 280.00	* >120 *
ECS Claim						
Claim #2016011241500002.						
12/08/2015	Bill# 12	Payer#2	Period: 11/30/2015 - 12/02/2015	Amt: \$ 560.00	Bal: \$ 40.00	* >120 *
ECS Claim						
Claim #2016011241500002. Remarks: cc to 2nd; per bcbs \$40 pr						
12/17/2015	Bill# 13	Payer#2	Period: 12/04/2015 - 12/09/2015	Amt: \$ 840.00	Bal: \$ 60.00	* >120 *
ECS Claim						
Claim #2016011241500002. Remarks: cc to 2nd; per bcbs \$60 pr						
12/17/2015	Bill# 14	Payer#2	Period: 12/11/2015 - 12/14/2015	Amt: \$ 560.00	Bal: \$ 40.00	* >120 *
ECS Claim						
Claim #2016011241500002. Remarks: cc to 2nd; per bcbs \$40 pr						
12/22/2015	Bill# 15	Payer#2	Period: 12/15/2015 - 12/15/2015	Amt: \$ 280.00	Bal: \$ 20.00	* >120 *
ECS Claim						
Claim #2016011241500002. Remarks: cc to 2nd; per bcbs \$20 pr						
12/23/2015	Bill# 16	Payer#2	Period: 12/21/2015 - 12/21/2015	Amt: \$ 280.00	Bal: \$ 20.00	* >120 *
ECS Claim						
Claim #2016011241500002. Remarks: cc to 2nd; per bcbs \$20 pr						
01/26/2016	Bill# 17	Payer#2	Period: 12/29/2015 - 01/04/2016	Amt: \$ 840.00	Bal: \$ 60.00	* >120 *
Payer Rebilled 04/19/2016. ECS Claim						
Claim #2016011241500002. Remarks: cc to 2nd; per bcbs \$60 pr						
Billed secondary: 04/19/2016						
01/26/2016	Bill# 18	Payer#2	Period: 01/06/2016 - 01/18/2016	Amt: \$ 840.00	Bal: \$ 60.00	* >120 *
Payer Rebilled 04/19/2016. ECS Claim						
Claim #2016011241500002. Remarks: cc to 2nd; per bcbs \$60 pr						
Billed secondary: 04/19/2016						
01/26/2016	Bill# 19	Payer#2	Period: 01/20/2016 - 01/20/2016	Amt: \$ 280.00	Bal: \$ 20.00	* >120 *
Payer Rebilled 07/21/2016. ECS Claim						
Claim #2016011241500002. Remarks: cc to 2nd; per bcbs \$20 pr; NAHGA denied- see 7/21/16 note						
Billed secondary: 04/19/2016						
Billed secondary: 07/21/2016						
02/02/2016	Bill# 20	Payer#2	Period: 01/27/2016 - 01/29/2016	Amt: \$ 690.00	Bal: \$ 40.00	* >120 *
ECS Claim						
Claim #2016011241500002. Remarks: cc to 2nd; per bcbs \$40 pr						
03/22/2016	Bill# 25	Payer#2	Period: 03/18/2016 - 03/18/2016	Amt: \$ 280.00	Bal: \$ 20.00	* >120 *
Payer Rebilled 11/10/2016. ECS Claim						
Claim #2016011241500002. Remarks: cc to 2nd; per bcbs \$20 pr						
Billed secondary: 06/01/2016						
Billed secondary: 06/01/2016						
Billed secondary: 11/10/2016						
04/05/2016	Bill# 26	Payer#2	Period: 04/01/2016 - 04/01/2016	Amt: \$ 280.00	Bal: \$ 20.00	* >120 *
Payer Rebilled 04/22/2016. ECS Claim						

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Claim #2016011241500002. Remarks: cc to 2nd; per bcbs \$20 pr
 Billed secondary: 04/22/2016
 05/16/2016 Bill# 29 Payer#2 Period: 05/06/2016 - 05/06/2016 Amt: \$ 280.00 Bal: \$ 20.00 * >120 *
 Payer Rebilled 07/22/2016. ECS Claim
 Claim #2016011241500002. Remarks: cc to 2nd; per bcbs \$20 pr
 Billed secondary: 07/22/2016

Jasmine Sapp #12439

Date of Birth : 09/17/1996
 Phone #'s : 631-650-6419
 Case # : 2
 Case Description : DOWLING PT

Payer #1 : UNITED HEALTHCARE / MPN 877-769-7447
 Group# :
 ID# : 890694893

Payer #2 : Health Smart 800-331-1096
 Group# :
 ID# : CUH202051

Payer #3 : MUTUAL OF OMAHA- SRS 800-524-2324
 Group# :
 ID# : TSMP051085250

11/07/2015 Bill# 11 Payer#1 Period: 10/15/2015 - 10/16/2015 Amt: \$ 635.00 Bal: \$ 590.00 * >120 *
 Payer Rebilled 12/18/2015. ECS Claim
 Claim #17787023. Remarks: cc to 2nd; per empire \$590 pr
 Billed secondary: 12/18/2015
 11/07/2015 Bill# 12 Payer#1 Period: 10/22/2015 - 10/22/2015 Amt: \$ 280.00 Bal: \$ 246.00 * >120 *
 Payer Rebilled 12/18/2015. ECS Claim
 Claim #17787023. Remarks: cc to 2nd; per empire \$246 pr
 Billed secondary: 12/18/2015
 11/13/2015 Bill# 13 Payer#1 Period: 11/05/2015 - 11/06/2015 Amt: \$ 560.00 Bal: \$ 492.00 * >120 *
 Payer Rebilled 12/18/2015. ECS Claim
 Claim #17787023. Remarks: cc to 2nd; per empire \$492 pr
 Billed secondary: 12/18/2015
 11/23/2015 Bill# 14 Payer#1 Period: 11/10/2015 - 11/10/2015 Amt: \$ 280.00 Bal: \$ 246.00 * >120 *
 Payer Rebilled 12/18/2015. ECS Claim
 Claim #17787023. Remarks: cc to 2nd; PER EMPIRE EOB \$246 pr
 Billed secondary: 12/18/2015
 12/17/2015 Bill# 15 Payer#1 Period: 12/01/2015 - 12/04/2015 Amt: \$ 840.00 Bal: \$ 840.00 * >120 *
 Payer Rebilled 03/25/2016. ECS Claim
 Claim #17787023.
 Billed secondary: 03/25/2016
 12/17/2015 Bill# 16 Payer#1 Period: 12/08/2015 - 12/11/2015 Amt: \$ 840.00 Bal: \$ 738.00 * >120 *
 Payer Rebilled 03/25/2016. ECS Claim
 Claim #17787023. Remarks: see 3/25/16 note
 Billed secondary: 03/25/2016
 12/22/2015 Bill# 17 Payer#1 Period: 12/15/2015 - 12/15/2015 Amt: \$ 280.00 Bal: \$ 246.00 * >120 *
 Payer Rebilled 03/25/2016. ECS Claim
 Claim #17787023. Remarks: cc to 2nd; per uhc eob \$246 pr (\$34 coins)
 Billed secondary: 03/25/2016
 01/09/2016 Bill# 18 Payer#1 Period: 01/05/2016 - 01/05/2016 Amt: \$ 280.00 Bal: \$ 68.00 * >120 *
 ECS Claim
 Claim #17787023. Remarks: cc to 2nd; per empire \$68 allowed applied to ded
 01/18/2016 Bill# 19 Payer#1 Period: 01/12/2016 - 01/12/2016 Amt: \$ 280.00 Bal: \$ 68.00 * >120 *
 Payer Rebilled 02/07/2016. ECS Claim
 Claim #17787023. Remarks: cc to 2nd; \$68 allowed, \$68 to ded
 Billed secondary: 02/07/2016
 02/15/2016 Bill# 20 Payer#1 Period: 01/15/2016 - 01/29/2016 Amt: \$ 560.00 Bal: \$ 560.00 * >120 *
 ECS Claim
 Claim #17787023.

Ashley Seidel #10333

Date of Birth : 04/21/1993
 Phone #'s : 631-642-7064 / 631-921-7597
 Case # : 2
 Case Description : LIHMC PT

Payer #1 : Oxford Health 800-666-1353
 Group# : UA4810
 ID# : 1090947204

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Payer #2 : Health Smart 800-331-1096
 Guarantor : Ashley Seidel
 Group# : gk1272127
 ID# : 12066920 01-08

Payer #3 : GALLAGHER KOSTER SPORTS 877-345-8928
 Guarantor : Ashley Seidel
 Group# :
 ID# : SRG9130832

Payer #4 : MUTUAL OF OMAHA- SRS 800-524-2324
 Guarantor : Ashley Seidel
 Group# :
 ID# : T5MP051085250

04/12/2013 Bill# 9 Payer#1 Period: 04/11/2013 - 04/11/2013 Amt: \$ 190.00 Bal: \$ 190.00 * >120 *
 Payer Rebilled 11/25/2013. ECS Claim
 Remarks: denied no oon per 4/26 eob, cc to 2nd, cc to 3rd 6/18, again 11/25
 Billed secondary: 05/07/2013
 Billed secondary: 06/18/2013
 Billed secondary: 11/25/2013

04/19/2013 Bill# 10 Payer#1 Period: 04/16/2013 - 04/18/2013 Amt: \$ 380.00 Bal: \$ 380.00 * >120 *
 Payer Rebilled 11/25/2013. ECS Claim
 Remarks: denied no oon per 4/30 eob, cc to 2nd 5/7, cc to 3rd 6/18, again 11/25
 Billed secondary: 05/07/2013
 Billed secondary: 06/18/2013
 Billed secondary: 11/25/2013

04/29/2013 Bill# 11 Payer#1 Period: 04/23/2013 - 04/25/2013 Amt: \$ 420.00 Bal: \$ 402.50 * >120 *
 Payer Rebilled 11/25/2013. ECS Claim
 Remarks: prime denied per 5/14 eob, cc to 2nd, 2nd den 6/18, cc 3rd 6/26, again 11/25
 Billed secondary: 05/21/2013
 Billed secondary: 06/27/2013
 Billed secondary: 11/25/2013

06/06/2014 Bill# 36 Payer#1 Period: 05/29/2014 - 06/02/2014 Amt: \$ 445.00 Bal: \$ 60.00 * >120 *
 Payer Rebilled 06/01/2016. ECS Claim
 Claim #15286539. Remarks: per uhc \$60 pr; HS denied, Koster denied (see 3/11/15 note)
 Billed secondary: 07/25/2014
 Billed secondary: 07/25/2014
 Billed secondary: 11/11/2014
 Billed secondary: 01/12/2015
 Billed secondary: 08/13/2015
 Billed secondary: 06/01/2016

06/06/2014 Bill# 37 Payer#1 Period: 06/04/2014 - 06/06/2014 Amt: \$ 535.00 Bal: \$ 60.00 * >120 *
 Payer Rebilled 02/09/2015. ECS Claim
 Claim #15286539. Remarks: cc to 2nd; per uhc \$60 pr
 Billed secondary: 07/25/2014
 Billed secondary: 11/11/2014
 Billed secondary: 02/09/2015

06/16/2014 Bill# 38 Payer#1 Period: 06/10/2014 - 06/11/2014 Amt: \$ 485.00 Bal: \$ 60.00 * >120 *
 Payer Rebilled 06/01/2016. ECS Claim
 Claim #15286539. Remarks: cc to 2nd; per UHC \$60 PR
 Billed secondary: 11/11/2014
 Billed secondary: 02/09/2015
 Billed secondary: 06/01/2016

06/20/2014 Bill# 39 Payer#1 Period: 06/13/2014 - 06/13/2014 Amt: \$ 280.00 Bal: \$ 30.00 * >120 *
 Payer Rebilled 06/01/2016. ECS Claim
 Claim #15286539. Remarks: cc 2nd; per UHC \$30 PR
 Billed secondary: 11/11/2014
 Billed secondary: 02/09/2015
 Billed secondary: 06/01/2016

Ashley Seidel #10333

Date of Birth : 04/21/1993
 Phone #'s : 631-642-7064 / 631-921-7597
 Case # : 4
 Case Description : PT MPN/oxford 2016

Payer #1 : UNITED HEALTHCARE / MPN 877-769-7447
 Group# :
 ID# : 890837496

Payer #2 : Oxford Health 800-666-1353
 Group# : UA4810
 ID# : 1090947204

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08/23/2016 Bill# 1 Payer#1 Period: 08/16/2016 - 08/16/2016 Amt: \$ 340.00 Bal: \$ 20.00 * >120 *
 Payer Rebilled 10/12/2016. ECS Claim
 Claim #18577668. Remarks: cc to 2nd; per empire \$20 copay pr
 Billed secondary: 10/12/2016

08/24/2016 Bill# 2 Payer#1 Period: 08/18/2016 - 08/18/2016 Amt: \$ 280.00 Bal: \$ 20.00 * >120 *
 Payer Rebilled 10/12/2016. ECS Claim
 Claim #18577668. Remarks: cc to 2nd; per empire \$20 pr
 Billed secondary: 10/12/2016

Arianna Shams-Kollar #11516

Date of Birth : 01/27/1995
 Phone #'s : 858-335-2905
 Case # : 1
 Case Description : DOWLING PT

Payer #1 : UNITED HEALTH CARE 877-842-3210
 Guarantor : Arianna Shams-Kollar
 Group# : 710712
 ID# : 948984267

Payer #2 : MUTUAL OF OMAHA- SRS 800-524-2324
 Guarantor : Arianna Shams-Kollar
 Group# :
 ID# : T5MP051085250

Payer #3 : Health Smart 800-331-1096
 Group# :
 ID# : 900608251

02/14/2014 Bill# 17 Payer#1 Period: 02/04/2014 - 02/06/2014 Amt: \$ 370.00 Bal: \$ 100.56 * >120 *
 Payer Rebilled 07/24/2014. ECS Claim
 Claim #UHC. Remarks: cc to 2nd; per UHC \$100.56 PR
 Billed secondary: 06/23/2014

03/14/2014 Bill# 21 Payer#1 Period: 03/07/2014 - 03/13/2014 Amt: \$ 370.00 Bal: \$ 370.00 * >120 *
 Payer Rebilled 07/24/2014. ECS Claim
 Claim #UHC. Remarks: per UHC claim denied; see note 4-21-14

03/31/2014 Bill# 23 Payer#1 Period: 03/20/2014 - 03/25/2014 Amt: \$ 325.00 Bal: \$ 325.00 * >120 *
 Payer Rebilled 07/24/2014. ECS Claim
 Claim #UHC.

Arianna Shams-Kollar #11516

Date of Birth : 01/27/1995
 Phone #'s : 858-335-2905
 Case # : 2
 Case Description : DOWLING Chiro

Payer #1 : UNITED HEALTH CARE 877-842-3210
 Group# : 710712
 ID# : 948984267

Payer #2 : NAHGA CLAIM SERVICES 800-952-4320
 Guarantor : Arianna Shams-Kollar
 Group# :
 ID# : UIA6390A

Payer #3 : MUTUAL OF OMAHA- SRS 800-524-2324
 Guarantor : Arianna Shams-Kollar
 Group# :
 ID# : T5MP051085250

10/01/2015 Bill# 1 Payer#1 Period: 08/28/2015 - 09/04/2015 Amt: \$ 399.00 Bal: \$ 35.68 * >120 *
 Payer Rebilled 12/21/2015. ECS Claim
 Remarks: PR \$35.68 to 2ndary 10.23.15 to nahga 12.21.15
 Billed secondary: 10/23/2015
 Billed secondary: 12/21/2015

10/01/2015 Bill# 2 Payer#1 Period: 09/11/2015 - 09/15/2015 Amt: \$ 300.00 Bal: \$ 25.48 * >120 *
 Payer Rebilled 12/21/2015. ECS Claim
 Remarks: PR \$25.48 to 2ndary 10.23.15 to nahga 12.21.15
 Billed secondary: 10/23/2015
 Billed secondary: 12/21/2015

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10/01/2015 Bill# 3 Payer#1 Period: 09/18/2015 - 09/18/2015 Amt: \$ 150.00 Bal: \$ 12.74 * >120 *
 Payer Rebilled 12/21/2015. ECS Claim
 Remarks: PR \$12.74 to 2ndary 10.23.15 to nahga 12.21.15
 Billed secondary: 10/23/2015
 Billed secondary: 12/21/2015

Francis Sommers #13626

Date of Birth : 05/11/1994
 Phone #'s : 631-281-7124
 Case # : 1
 Case Description : DOWLING

Payer #1 : AETNA 888-632-3862
 Guarantor : Francis Sommers
 Group# :
 ID# : W186952410

Payer #2 : NAHGA CLAIM SERVICES 800-952-4320
 Guarantor : Francis Sommers
 Group# :
 ID# : UIA6390A

Payer #3 : MUTUAL OF OMAHA- SRS 800-524-2324
 Guarantor : Francis Sommers
 Group# :
 ID# : T5MP051085250

03/09/2016 Bill# 1 Payer#1 Period: 02/23/2016 - 02/23/2016 Amt: \$ 284.00 Bal: \$ 25.00 * >120 *
 Payer Rebilled 05/12/2016. ECS Claim
 Remarks: PR \$25 to 2ndary 5.12.16
 Billed secondary: 05/12/2016

03/09/2016 Bill# 2 Payer#1 Period: 03/08/2016 - 03/08/2016 Amt: \$ 150.00 Bal: \$ 15.00 * >120 *
 Payer Rebilled 05/12/2016. ECS Claim
 Remarks: PR \$15 to 2ndary 5.12.16
 Billed secondary: 05/12/2016

04/05/2016 Bill# 3 Payer#1 Period: 03/29/2016 - 03/29/2016 Amt: \$ 150.00 Bal: \$ 15.00 * >120 *
 Payer Rebilled 06/08/2016. ECS Claim
 Remarks: PR \$15 to 2ndary 6.8.16
 Billed secondary: 06/08/2016

04/19/2016 Bill# 4 Payer#1 Period: 03/18/2016 - 04/01/2016 Amt: \$ 300.00 Bal: \$ 30.00 * >120 *
 Payer Rebilled 06/09/2016. ECS Claim
 Remarks: PR \$30 to 2ndary 6.9.16
 Billed secondary: 06/09/2016

04/19/2016 Bill# 5 Payer#1 Period: 04/05/2016 - 04/12/2016 Amt: \$ 300.00 Bal: \$ 30.00 * >120 *
 Payer Rebilled 06/09/2016. ECS Claim
 Remarks: PR \$30 to 2ndary 6.9.16
 Billed secondary: 06/09/2016

05/04/2016 Bill# 6 Payer#1 Period: 04/15/2016 - 04/22/2016 Amt: \$ 300.00 Bal: \$ 30.00 * >120 *
 Payer Rebilled 06/16/2016. ECS Claim
 Remarks: PR \$30 to 2ndary 6.16.16
 Billed secondary: 06/16/2016

05/04/2016 Bill# 7 Payer#1 Period: 04/26/2016 - 04/29/2016 Amt: \$ 300.00 Bal: \$ 30.00 * >120 *
 Payer Rebilled 06/27/2016. ECS Claim
 Remarks: PR \$30 to 2ndary 6.27.16
 Billed secondary: 06/27/2016

05/04/2016 Bill# 8 Payer#1 Period: 05/03/2016 - 05/03/2016 Amt: \$ 150.00 Bal: \$ 15.00 * >120 *
 Payer Rebilled 06/15/2016. ECS Claim
 Remarks: PR \$15 to 2ndary 6.15.16
 Billed secondary: 06/15/2016

Kim Spiciarich #13411

Date of Birth : 10/31/1995
 Phone #'s : 631-979-3356
 Case # : 1
 Case Description : DOWLING

Payer #1 : UNITED HEALTHCARE / MPN 877-769-7447
 Group# :
 ID# : 890751177

Payer #2 : NAHGA CLAIM SERVICES 800-952-4320
 Guarantor : Kim Spicianch
 Group# :

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ID# : UIA6390A
 Payer #3 : MUTUAL OF OMAHA- SRS 800-524-2324
 Guarantor : Kim Spicianch
 Group# :
 ID# : T5MP051085250

04/19/2016 Bill# 2 Payer#1 Period: 04/05/2016 - 04/05/2016 Amt: \$ 210.00 Bal: \$ 20.00 * >120 *
 Payer Rebilled 06/06/2016. ECS Claim
 Claim #18067025. Remarks: PR \$20 to 2ndary 6.6.16
 Billed secondary: 06/06/2016

Crystal Tarango #11076

Date of Birth : 08/05/1993
 Phone #'s : 909-816-6766
 Case # : 1
 Case Description : LIHMC PT

Payer #1 : KAISER PERMANENTE SO CA 800-464-4000
 Guarantor : Crystal Tarango
 Group# :
 ID# : 16855918

Payer #2 : Health Smart 800-331-1096
 Guarantor : Crystal Tarango
 Group# :
 ID# : 900582468

Payer #3 : GALLAGHER KOSTER SPORTS 877-345-8928
 Guarantor : Crystal Tarango
 Group# :
 ID# : SRG9130832

Payer #4 : MUTUAL OF OMAHA- SRS 800-524-2324
 Guarantor : Crystal Tarango
 Group# :
 ID# : T5MP051085250

08/09/2013 Bill# 18 Payer#1 Period: 08/01/2013 - 08/08/2013 Amt: \$ 420.00 Bal: \$ 420.00 * >120 *
 Payer Rebilled 05/24/2016. ECS Claim

Remarks: prime den 9/6, cc 2nd 11/25 billed 3rd 1.2.14 nopay pile

Billed secondary: 10/17/2013

Billed secondary: 11/25/2013

Billed secondary: 01/29/2014

Billed secondary: 11/10/2014

Billed secondary: 01/22/2015

Billed secondary: 05/24/2016

08/16/2013 Bill# 19 Payer#1 Period: 08/13/2013 - 08/15/2013 Amt: \$ 280.00 Bal: \$ 280.00 * >120 *

Payer Rebilled 05/24/2016. ECS Claim

Remarks: prime denied per 9/24 eor, cc 2nd 11/25 billed 3rd 1.2.14 nopay pile

Billed secondary: 10/04/2013

Billed secondary: 11/25/2013

Billed secondary: 01/29/2014

Billed secondary: 11/10/2014

Billed secondary: 01/22/2015

Billed secondary: 05/24/2016

08/23/2013 Bill# 20 Payer#1 Period: 08/20/2013 - 08/22/2013 Amt: \$ 370.00 Bal: \$ 370.00 * >120 *

Payer Rebilled 05/24/2016. ECS Claim

Remarks: prime den 9/10, cc 2nd 11/25 billed 3rd 1.2.14 nopay pile

Billed secondary: 10/17/2013

Billed secondary: 11/25/2013

Billed secondary: 01/29/2014

Billed secondary: 01/29/2014

Billed secondary: 11/10/2014

Billed secondary: 01/22/2015

Billed secondary: 05/24/2016

09/03/2013 Bill# 21 Payer#1 Period: 08/27/2013 - 08/30/2013 Amt: \$ 370.00 Bal: \$ 370.00 * >120 *

Payer Rebilled 05/24/2016. ECS Claim

Remarks: prime denied per 9/20, cc 2nd 11/25 billed 3rd 1.2.14 nopay pile

Billed secondary: 10/17/2013

Billed secondary: 11/25/2013

Billed secondary: 01/29/2014

Billed secondary: 11/10/2014

Billed secondary: 01/22/2015

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Billed secondary: 05/24/2016
09/06/2013 Bill# 22 Payer#1 Period: 09/03/2013 - 09/05/2013 Amt: \$ 370.00 Bal: \$ 370.00 * >120 *
Payer Rebilled 05/24/2016. ECS Claim
Remarks: denied per 10/8 eob, cc 2nd 11/25 billed 3rd 1.2.14 nopay pile
Billed secondary: 10/09/2013
Billed secondary: 10/17/2013
Billed secondary: 11/25/2013
Billed secondary: 01/29/2014
Billed secondary: 11/10/2014
Billed secondary: 01/22/2015
Billed secondary: 05/24/2016

09/20/2013 Bill# 23 Payer#1 Period: 09/10/2013 - 09/12/2013 Amt: \$ 370.00 Bal: \$ 370.00 * >120 *
Payer Rebilled 05/24/2016. ECS Claim
Remarks: prime den 10/11, cc to 2nd 11/25
Billed secondary: 10/17/2013
Billed secondary: 10/17/2013
Billed secondary: 11/25/2013
Billed secondary: 11/10/2014
Billed secondary: 01/22/2015
Billed secondary: 05/24/2016

09/20/2013 Bill# 24 Payer#1 Period: 09/13/2013 - 09/17/2013 Amt: \$ 370.00 Bal: \$ 370.00 * >120 *
Payer Rebilled 05/24/2016. ECS Claim
Remarks: prime den 10/11, cc to 2nd 11/25 billed 3rd 1.2.14 nopay pile
Billed secondary: 10/17/2013
Billed secondary: 10/17/2013
Billed secondary: 11/25/2013
Billed secondary: 01/29/2014
Billed secondary: 11/10/2014
Billed secondary: 01/22/2015
Billed secondary: 05/24/2016

09/20/2013 Bill# 25 Payer#1 Period: 09/19/2013 - 09/19/2013 Amt: \$ 185.00 Bal: \$ 185.00 * >120 *
Payer Rebilled 05/24/2016. ECS Claim
Remarks: prime den per 10/11, cc 2nd 11/25 billed 3rd 1.2.14 nopay pile
Billed secondary: 10/17/2013
Billed secondary: 10/17/2013
Billed secondary: 11/25/2013
Billed secondary: 01/29/2014
Billed secondary: 11/10/2014
Billed secondary: 01/22/2015
Billed secondary: 05/24/2016

09/27/2013 Bill# 26 Payer#1 Period: 09/20/2013 - 09/23/2013 Amt: \$ 370.00 Bal: \$ 370.00 * >120 *
Payer Rebilled 05/24/2016. ECS Claim
Remarks: denied per 10/29, cc 2nd 11/25 billed 3rd 1.2.14 nopay pile
Billed secondary: 10/17/2013
Billed secondary: 11/13/2013
Billed secondary: 11/13/2013
Billed secondary: 11/25/2013
Billed secondary: 01/29/2014
Billed secondary: 01/29/2014
Billed secondary: 11/10/2014
Billed secondary: 01/22/2015
Billed secondary: 05/24/2016

09/27/2013 Bill# 27 Payer#1 Period: 09/24/2013 - 09/26/2013 Amt: \$ 370.00 Bal: \$ 370.00 * >120 *
Payer Rebilled 05/24/2016. ECS Claim
Remarks: denied per 10/29, cc 2nd 11/25 billed 3rd 1.2.14 nopay pile
Billed secondary: 10/17/2013
Billed secondary: 11/13/2013
Billed secondary: 11/13/2013
Billed secondary: 11/25/2013
Billed secondary: 01/29/2014
Billed secondary: 01/29/2014
Billed secondary: 11/10/2014
Billed secondary: 01/22/2015
Billed secondary: 05/24/2016

10/07/2013 Bill# 28 Payer#1 Period: 09/27/2013 - 09/30/2013 Amt: \$ 370.00 Bal: \$ 370.00 * >120 *
Payer Rebilled 05/24/2016. ECS Claim
Remarks: denied per 10/29, cc 2nd 11/25 billed 3rd 1.2.14 nopay pile
Billed secondary: 11/13/2013
Billed secondary: 11/13/2013
Billed secondary: 11/25/2013
Billed secondary: 01/29/2014
Billed secondary: 11/10/2014
Billed secondary: 01/22/2015
Billed secondary: 05/24/2016

10/11/2013 Bill# 29 Payer#1 Period: 10/04/2013 - 10/07/2013 Amt: \$ 325.00 Bal: \$ 325.00 * >120 *
Payer Rebilled 05/24/2016. ECS Claim
Remarks: denied per 11/5, cc 2nd 11/25 billed 3rd 1.2.14 nopay pile
Billed secondary: 11/13/2013

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Billed secondary: 11/13/2013
 Billed secondary: 11/25/2013
 Billed secondary: 01/29/2014
 Billed secondary: 01/29/2014
 Billed secondary: 11/10/2014
 Billed secondary: 01/22/2015
 Billed secondary: 05/24/2016
 10/11/2013 Bill# 30 Payer#1 Period: 10/10/2013 - 10/10/2013 Amt: \$ 185.00 Bal: \$ 185.00 * >120 *
 Payer Rebilled 05/24/2016. ECS Claim
 Remarks: denied 11/5, cc 2nd 11/25 billed 3rd 1.2.14 nopay pile
 Billed secondary: 11/13/2013
 Billed secondary: 11/13/2013
 Billed secondary: 11/25/2013
 Billed secondary: 01/29/2014
 Billed secondary: 11/10/2014
 Billed secondary: 01/22/2015
 Billed secondary: 05/24/2016
 10/28/2013 Bill# 31 Payer#1 Period: 10/14/2013 - 10/17/2013 Amt: \$ 325.00 Bal: \$ 325.00 * >120 *
 Payer Rebilled 05/24/2016. ECS Claim
 Remarks: denied 11/15 eob, cc 2nd 11/25 billed 3rd 1 2.14 nopay pile
 Billed secondary: 11/21/2013
 Billed secondary: 11/25/2013
 Billed secondary: 01/29/2014
 Billed secondary: 11/10/2014
 Billed secondary: 01/22/2015
 Billed secondary: 05/24/2016
 10/28/2013 Bill# 32 Payer#1 Period: 10/18/2013 - 10/21/2013 Amt: \$ 325.00 Bal: \$ 325.00 * >120 *
 Payer Rebilled 05/24/2016. ECS Claim
 Remarks: denied 11/15 eob, cc 2nd 11/25 billed 3rd 1.2.14 nopay pile
 Billed secondary: 11/21/2013
 Billed secondary: 11/25/2013
 Billed secondary: 01/29/2014
 Billed secondary: 11/10/2014
 Billed secondary: 01/22/2015
 Billed secondary: 05/24/2016
 10/28/2013 Bill# 33 Payer#1 Period: 10/25/2013 - 10/25/2013 Amt: \$ 185.00 Bal: \$ 185.00 * >120 *
 Payer Rebilled 05/24/2016. ECS Claim
 Remarks: den 11/15, cc 2nd 11/25 billed 3rd 1.2.14 nopay pile
 Billed secondary: 11/21/2013
 Billed secondary: 11/25/2013
 Billed secondary: 01/29/2014
 Billed secondary: 01/29/2014
 Billed secondary: 11/10/2014
 Billed secondary: 01/22/2015
 Billed secondary: 05/24/2016
 11/22/2013 Bill# 37 Payer#1 Period: 11/18/2013 - 11/18/2013 Amt: \$ 140.00 Bal: \$ 140.00 * >120 *
 Payer Rebilled 02/27/2015. ECS Claim
 Remarks: PR \$140 per 12/17 eob, cc 2nd
 Billed secondary: 12/26/2013
 Billed secondary: 02/27/2015
 12/02/2013 Bill# 38 Payer#1 Period: 11/22/2013 - 11/22/2013 Amt: \$ 185.00 Bal: \$ 185.00 * >120 *
 Payer Rebilled 02/27/2015. ECS Claim
 Remarks: HS denied "late filing"
 Billed secondary: 02/27/2015
 Billed secondary: 02/27/2015
 12/06/2013 Bill# 39 Payer#1 Period: 12/02/2013 - 12/02/2013 Amt: \$ 140.00 Bal: \$ 140.00 * >120 *
 Payer Rebilled 02/27/2015. ECS Claim
 Remarks: mailed to ASHN see NOTES
 Billed secondary: 02/27/2015
 Billed secondary: 02/27/2015
 12/13/2013 Bill# 40 Payer#1 Period: 12/06/2013 - 12/09/2013 Amt: \$ 325.00 Bal: \$ 325.00 * >120 *
 Payer Rebilled 02/27/2015. ECS Claim
 Remarks: mailed to ASHN see NOTES billed 2nd 1.24.14 nopay
 Billed secondary: 02/04/2014
 Billed secondary: 02/27/2015
 Billed secondary: 02/27/2015
 12/23/2013 Bill# 41 Payer#1 Period: 12/13/2013 - 12/13/2013 Amt: \$ 185.00 Bal: \$ 185.00 * >120 *
 Payer Rebilled 02/27/2015. ECS Claim
 Remarks: mailed to ASHN see NOTES
 Billed secondary: 02/27/2015
 Billed secondary: 02/27/2015

Martina Tinnirello #13862

Date of Birth : 05/30/1996
 Phone #'s : 631-321-6615 / 631-560-5785
 Case # : 1

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Case Description : PT/Dowling

Payer #1 : Oxford Health 800-666-1353
 Group# :
 ID# : 1187239904

Payer #2 : Mutual of Omaha 800-693-6093
 Group# :
 ID# : T5MP051085-250

Payer #3 : NAHGA CLAIM SERVICES 800-952-4320
 Group# :
 ID# : UIA6390A

06/07/2016 Bill# 1 Payer#1 Period: 05/03/2016 - 05/05/2016 Amt: \$ 710.00 Bal: \$ 100.00 * >120 *
 Payer Rebilled 07/15/2016. ECS Claim
 Claim #18158855. Remarks: cc to 2nd; per oxford \$100 pr
 Billed secondary: 07/15/2016

Kayla Vitale #10674

Date of Birth : 06/20/1991
 Phone #'s : 631-281-0814
 Case # : 2
 Case Description : LIHMC PT

Payer #1 : UNITED HEALTHCARE 877-842-3210
 Guarantor : Kayla Vitale
 Group# : 199409
 ID# : 818041351

Payer #2 : Health Smart 800-331-1096
 Guarantor : Kayla Vitale
 Group# :
 ID# : SRG9130832

Payer #3 : GALLAGHER KOSTER SPORTS 877-345-8928
 Group# :
 ID# : SRG9130832

04/19/2013 Bill# 1 Payer#1 Period: 04/15/2013 - 04/17/2013 Amt: \$ 405.00 Bal: \$ 405.00 * >120 *
 Payer Rebilled 05/24/2013. ECS Claim
 Remarks: \$371.46 to ded per 5/21 eob, cc to 2nd 5/24, 2nd denied 8/2
 Billed secondary: 05/24/2013

04/29/2013 Bill# 2 Payer#1 Period: 04/22/2013 - 04/24/2013 Amt: \$ 460.00 Bal: \$ 272.04 * >120 *
 Payer Rebilled 05/24/2013. ECS Claim
 Remarks: \$82 to ded, PR \$256.04 per 5/21 eob, cc to 2nd, 2nd denied 8/2
 Billed secondary: 05/24/2013

05/07/2013 Bill# 3 Payer#1 Period: 04/29/2013 - 05/06/2013 Amt: \$ 650.00 Bal: \$ 297.24 * >120 *
 Payer Rebilled 06/05/2013. ECS Claim
 Remarks: cc to 2nd 6/4 (PR \$297.24), 2nd denied 8/2
 Billed secondary: 06/05/2013

05/10/2013 Bill# 4 Payer#1 Period: 05/08/2013 - 05/08/2013 Amt: \$ 190.00 Bal: \$ 178.32 * >120 *
 Payer Rebilled 06/05/2013. ECS Claim
 Remarks: cc to 2nd (\$146.54 to ded, PR \$178.32 per 6/11 eob), 2nd denied 8/2
 Billed secondary: 06/05/2013

Brian White #12258

Date of Birth : 04/17/1994
 Phone #'s : 631-472-9491
 Case # : 1
 Case Description : DOWLING 2014

Payer #1 : AETNA 888-632-3862
 Group# :
 ID# : W151010456

Payer #2 : NAHGA CLAIM SERVICES 800-952-4320
 Guarantor : Brian White
 Group# :
 ID# : UIA6390A

Payer #3 : MUTUAL OF OMAHA- SRS 800-524-2324

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Guarantor : Brian White
 Group# :
 ID# : T5MP051085250

05/16/2016 Bill# 3 Payer#1 Period: 03/18/2016 - 03/18/2016 Amt: \$ 188.00 Bal: \$ 25.00 * >120 *
 Payer Rebilled 07/13/2016. ECS Claim
 Remarks: PR \$25 to 2ndary 7.13.16
 Billed secondary: 07/13/2016
 Billed secondary: 07/13/2016

Astasia Williams-Bertles #13682

Date of Birth : 03/30/1996
 Phone #'s : 856-275-4273
 Case # : 1
 Case Description : DOWLING

Payer #1 : AETNA 888-632-3862
 Group# :
 ID# : W200995085

Payer #2 : NAHGA CLAIM SERVICES 800-952-4320
 Guarantor : Astasia Williams-Bertles
 Group# :
 ID# : UIA6390A

Payer #3 : MUTUAL OF OMAHA- SRS 800-524-2324
 Guarantor : Astasia Williams-Bertles
 Group# :
 ID# : T5MP051085250

03/09/2016 Bill# 1 Payer#1 Period: 02/23/2016 - 02/23/2016 Amt: \$ 299.00 Bal: \$ 10.00 * >120 *
 Payer Rebilled 06/16/2016. ECS Claim
 Remarks: PR \$10 to 2ndary 6.16.16
 Billed secondary: 06/16/2016
 03/09/2016 Bill# 2 Payer#1 Period: 03/01/2016 - 03/01/2016 Amt: \$ 150.00 Bal: \$ 10.00 * >120 *
 Payer Rebilled 06/16/2016. ECS Claim
 Remarks: PR \$10 to 2ndary 6.16.16
 Billed secondary: 06/16/2016
 03/24/2016 Bill# 3 Payer#1 Period: 03/11/2016 - 03/15/2016 Amt: \$ 300.00 Bal: \$ 20.00 * >120 *
 Payer Rebilled 06/10/2016. ECS Claim
 Remarks: PR \$20 to 2ndary 6.10.16
 Billed secondary: 06/10/2016
 04/19/2016 Bill# 4 Payer#1 Period: 03/29/2016 - 03/29/2016 Amt: \$ 150.00 Bal: \$ 10.00 * >120 *
 Payer Rebilled 06/10/2016. ECS Claim
 Remarks: PR \$10 to 2ndary 6.10.16
 Billed secondary: 06/10/2016

Caitlin Zowak #11499

Date of Birth : 05/02/1995
 Phone #'s : 631-608-8364 / 631-678-5513
 Case # : 1
 Case Description : DOWLING Fall 2013

Payer #1 : UNITED HEALTHCARE / MPN 877-769-7447
 Guarantor : Caitlin Zowak
 Group# :
 ID# : 890267521

Payer #2 : MUTUAL OF OMAHA- SRS 800-524-2324
 Guarantor : Caitlin Zowak
 Group# :
 ID# : T5MP051085250

Payer #3 : NAHGA CLAIM SERVICES 800-952-4320
 Guarantor : Caitlin Zowak
 Group# :
 ID# : UIA6390A

10/22/2015 Bill# 36 Payer#1 Period: 10/06/2015 - 10/06/2015 Amt: \$ 300.00 Bal: \$ 20.00 * >120 *
 Payer Rebilled 12/02/2015.
 Claim #17510065. Remarks: PR \$20 to 2ndary 12.2.15 Nahga

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Billed secondary: 11/25/2015
 Billed secondary: 12/02/2015
 11/13/2015 Bill# 37 Payer#1 Period: 10/27/2015 - 11/06/2015 Amt: \$ 380.00 Bal: \$ 40.00 * >120 *
 Payer Rebilled 12/29/2015. ECS Claim
 Claim #17510065. Remarks: PR \$40 to 2ndary 12.29.15
 Billed secondary: 12/29/2015
 11/25/2015 Bill# 38 Payer#1 Period: 11/10/2015 - 11/17/2015 Amt: \$ 380.00 Bal: \$ 40.00 * >120 *
 Payer Rebilled 01/06/2016. ECS Claim
 Claim #17510065. Remarks: PR \$40 to 2ndary 1.5.16
 Billed secondary: 01/06/2016
 11/25/2015 Bill# 39 Payer#1 Period: 11/20/2015 - 11/20/2015 Amt: \$ 190.00 Bal: \$ 20.00 * >120 *
 Payer Rebilled 06/01/2016. ECS Claim
 Claim #17510065. Remarks: PR \$20 to 2ndary 6.1.16 den "repetitive motion"
 Billed secondary: 06/01/2016
 12/04/2015 Bill# 40 Payer#1 Period: 12/01/2015 - 12/01/2015 Amt: \$ 190.00 Bal: \$ 20.00 * >120 *
 Payer Rebilled 01/15/2016. ECS Claim
 Claim #17510065. Remarks: PR \$20 to 2ndary 1.15.16
 Billed secondary: 01/15/2016

Caitlin Zowak #11499

Date of Birth : 05/02/1995
 Phone #'s : 631-608-8364 / 631-678-5513
 Case # : 3
 Case Description : DOWLING PT

Payer #1 : UNITED HEALTHCARE / MPN 877-769-7447
 Group# :
 ID# : 890267521

Payer #2 : Health Smart 800-331-1096
 Guarantor : Caitlin Zowak
 Group# :
 ID# : 900606471

Payer #3 : MUTUAL OF OMAHA- SRS 800-524-2324
 Guarantor : Caitlin Zowak
 Group# :
 ID# : T5MP051085250

02/13/2015 Bill# 17 Payer#1 Period: 02/11/2015 - 02/11/2015 Amt: \$ 280.00 Bal: \$ 280.00 * >120 *
 Payer Rebilled 03/11/2015. Patient Statement sent 06/30/2015. ECS Claim
 Claim #16728243. Remarks: cc to 2nd; UHC denied
 Billed secondary: 03/11/2015
 02/17/2015 Bill# 18 Payer#1 Period: 02/13/2015 - 02/13/2015 Amt: \$ 280.00 Bal: \$ 280.00 * >120 *
 Payer Rebilled 03/11/2015. Patient Statement sent 06/30/2015. ECS Claim
 Claim #16728243. Remarks: cc to 2nd; UHC denied
 Billed secondary: 03/03/2015
 Billed secondary: 03/11/2015
 02/19/2015 Bill# 19 Payer#1 Period: 02/17/2015 - 02/17/2015 Amt: \$ 280.00 Bal: \$ 280.00 * >120 *
 Payer Rebilled 03/11/2015. Patient Statement sent 06/30/2015. ECS Claim
 Claim #16728243. Remarks: cc to 2nd; UHC denied
 Billed secondary: 03/11/2015
 03/27/2015 Bill# 28 Payer#1 Period: 03/24/2015 - 03/24/2015 Amt: \$ 280.00 Bal: \$ 280.00 * >120 *
 Patient Statement sent 06/30/2015. ECS Claim
 Claim #16728243. Remarks: cc to 2nd, per UHC \$280 PR
 09/08/2015 Bill# 33 Payer#1 Period: 09/01/2015 - 09/03/2015 Amt: \$ 635.00 Bal: \$ 136.00 * >120 *
 Payer Rebilled 11/27/2015. ECS Claim
 Remarks: cc to 2nd; empire allowed \$136; SEE 3/23/16 NOTE
 Billed secondary: 11/27/2015
 09/09/2015 Bill# 34 Payer#1 Period: 09/04/2015 - 09/04/2015 Amt: \$ 280.00 Bal: \$ 68.00 * >120 *
 Payer Rebilled 11/27/2015. ECS Claim
 Remarks: cc to 2nd; empire allowed \$68; SEE 3/23/16 NOTE
 Billed secondary: 11/27/2015
 09/15/2015 Bill# 35 Payer#1 Period: 09/10/2015 - 09/10/2015 Amt: \$ 280.00 Bal: \$ 246.00 * >120 *
 ECS Claim
 Remarks: SEE 3/23/16 NOTE
 09/22/2015 Bill# 36 Payer#1 Period: 09/11/2015 - 09/17/2015 Amt: \$ 840.00 Bal: \$ 772.00 * >120 *
 ECS Claim
 Remarks: see 3/23/16 note
 09/28/2015 Bill# 37 Payer#1 Period: 09/22/2015 - 09/24/2015 Amt: \$ 560.00 Bal: \$ 560.00 * >120 *
 Payer Rebilled 06/01/2016. ECS Claim
 Billed secondary: 06/01/2016
 09/30/2015 Bill# 38 Payer#1 Period: 09/29/2015 - 09/29/2015 Amt: \$ 280.00 Bal: \$ 280.00 * >120 *
 Payer Rebilled 06/01/2016. ECS Claim

Page 41 Accounts Aging Report: January 31, 2017

Billed secondary: 06/01/2016
 10/08/2015 Bill# 39 Payer#1 Period: 10/01/2015 - 10/06/2015 Amt: \$ 560.00 Bal: \$ 560.00 * >120 *
 Payer Rebilled 06/01/2016. ECS Claim
 Claim #18026903.
 Billed secondary: 06/01/2016
 11/07/2015 Bill# 40 Payer#1 Period: 10/15/2015 - 10/27/2015 Amt: \$ 840.00 Bal: \$ 840.00 * >120 *
 Payer Rebilled 06/01/2016. ECS Claim
 Claim #18026903.
 Billed secondary: 06/01/2016
 11/13/2015 Bill# 41 Payer#1 Period: 11/06/2015 - 11/06/2015 Amt: \$ 280.00 Bal: \$ 280.00 * >120 *
 Payer Rebilled 06/01/2016. ECS Claim
 Claim #18026903.
 Billed secondary: 06/01/2016
 11/23/2015 Bill# 42 Payer#1 Period: 11/10/2015 - 11/17/2015 Amt: \$ 840.00 Bal: \$ 840.00 * >120 *
 Payer Rebilled 06/01/2016. ECS Claim
 Claim #18026903.
 Billed secondary: 06/01/2016
 11/30/2015 Bill# 43 Payer#1 Period: 11/19/2015 - 11/24/2015 Amt: \$ 560.00 Bal: \$ 560.00 * >120 *
 Payer Rebilled 06/01/2016. ECS Claim
 Claim #18026903.
 Billed secondary: 06/01/2016
 12/08/2015 Bill# 44 Payer#1 Period: 12/01/2015 - 12/03/2015 Amt: \$ 560.00 Bal: \$ 560.00 * >120 *
 Payer Rebilled 06/01/2016. ECS Claim
 Claim #18026903.
 Billed secondary: 06/01/2016
 12/17/2015 Bill# 45 Payer#1 Period: 12/08/2015 - 12/08/2015 Amt: \$ 280.00 Bal: \$ 280.00 * >120 *
 Payer Rebilled 06/01/2016. ECS Claim
 Claim #18026903.
 Billed secondary: 06/01/2016
 02/15/2016 Bill# 46 Payer#1 Period: 01/29/2016 - 01/29/2016 Amt: \$ 345.00 Bal: \$ 345.00 * >120 *
 Payer Rebilled 06/01/2016. ECS Claim
 Claim #18026903.
 Billed secondary: 06/01/2016
 04/13/2016 Bill# 47 Payer#1 Period: 03/01/2016 - 04/01/2016 Amt: \$ 560.00 Bal: \$ 560.00 * >120 *
 Payer Rebilled 06/01/2016. ECS Claim
 Claim #18026903.
 Billed secondary: 06/01/2016
 04/20/2016 Bill# 48 Payer#1 Period: 04/15/2016 - 04/15/2016 Amt: \$ 280.00 Bal: \$ 280.00 * >120 *
 Payer Rebilled 06/01/2016. ECS Claim
 Claim #18026903.
 Billed secondary: 06/01/2016

Totals

Column	:	Total	Current	Over 30	Over 60	Over 90
Billed	:	140330.94	0.00	0.00	0.00	140330.94
Outstanding	:	81621.67	0.00	0.00	0.00	81621.67
Patient Owes	:	4.00	0.00	0.00	0.00	4.00
Payer Owes	:	81617.67	0.00	0.00	0.00	81617.67
Unbilled						
Patient Owes	:	0.00				
Payer Owes	:	150.00				
Combined						
Outstanding	:	81771.67				
Patient Owes	:	4.00				
Payer Owes	:	81767.67				

AES Chiropractic
302a Block Chiropractic
301 Maple Ave.
Smithtown, NY 11787
631-543-0804



Douglas College Case Admin.
c/o GCC
PO Box 10342
Dublin, OH 43017-5542



CLAIM NO. 9



CLERK
 U.S. BANKRUPTCY
 EASTERN DISTRICT OF
 NEW YORK
 2016 DEC -9 A 9:39
 RECEIVED

Fill in this information to identify the case:

Debtor 1 Dowling College

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: E.D. District of N.Y.

Case number 16-75545-REG

CRT

FILED - 00009

EASTERN DISTRICT OF NEW YORK

DOWLING COLLEGE

16-75545/HONORABLE JUDGE ROBERT E. GROSSMAN

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1 Identify the Claim

1. Who is the current creditor?

Bonnie Nohs for Michelle T. Nohs (deceased)
 Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor _____

2. Has this claim been acquired from someone else?

☒ No

☐ Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Bonnie Nohs

Name

150 OAK ST.

Number

Street

COPIAGUE NY 11726

City

State

ZIP Code

Contact phone 516-448-2116

Contact email bnohs@verizon.net

Where should payments to the creditor be sent? (if different)

- Same -

Name

Number

Street

City

State

ZIP Code

Contact phone _____

Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

☒ No

☐ Yes. Claim number on court claims registry (if known) _____

Filed on _____

MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No

☐ Yes. Who made the earlier filing? _____



Give Information About the Claim as of the Date the Case Was Filed

16. Do you have any number you use to identify the debtor? ☒ No
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

17. How much is the claim? \$14,000 - 15,000 approx. Does this amount include interest or other charges?
☒ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

18. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
 Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
 Limit disclosing information that is entitled to privacy, such as health care information.

Money in a scholarship fund in the name of Michelle T. Nohs

19. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.
 Nature of property:
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☐ Other. Describe: _____

Basis for perfection: _____

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____

Amount of the claim that is secured: \$ _____

Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %

- ☐ Fixed
☐ Variable

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check one:

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

\$ _____

☐ Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3 Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date

12/09/2016
MM/DD/YYYY

Signature

Print the name of the person who is completing and signing this claim:

Name

Bonnie

L

Nohs

Last name

Title

(mother of deceased)

Company

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

150 OAK ST.

Number

Street

COPIAQUE

NY

11726

City

State


ZIP Code

Contact phone

516-448-2116

Email

bnohs@verizon.net

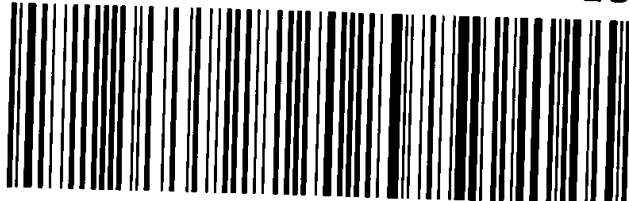
ORIGIN: COPA (631) 470-5153 ATTN: SIMON MARCUS US BANK OF CT COURT-EASTERN DIST. CENTRAL ISIP 290 FEDERAL PLAZA CENTRAL ISIP NY 11722 UNITED STATES US	SHIP DATE: 07DEC16 ACTWGT: 1.00 LB CAD: 100098143/MET3790
TO DOWLING COLLEGE CASE ADMINISTRATION C/O GCCG 5151 BLAZER PARKWAY SUITE A DUBLIN OH 43017 (888) 404-8013 REF: DCO INV. DEPT.	
RMA:	
	
	
TRK# 7905 9455 1959 0221	RETURNS MON-FRI STANDARD OVERNIGHT OH-US 43017
	

544J1/D42F/14EB

1. Select the 'Print' button to print 1 copy of each label.
2. The Return Shipment instructions, which provide your recipient with information on the returns process, will be printed with the label(s).
3. After printing, select your next step by clicking one of the displayed buttons.

Note: To review or print individual labels, select the Label button under each label image above.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

FedEx TRK# 7905 9455 1959 0221	THU - 15 DEC AA STANDARD OVERNIGHT
XX OSUA	43017 OH-US LCK
	
FID 768862 14DEC16 ISPA 539C1/D42F/8EBA	

CLAIM NO. 290

UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF NEW YORK	
Name of Debtor: Dowling College	Case No. 16-75545

* P - D C O - P O C / 1 *

Your Claim is Scheduled As Follows:

IF YOU HAVE SUBMITTED THIS PROOF OF CLAIM FORM ELECTRONICALLY, YOU DO NOT NEED TO SUBMIT THIS FORM. PLEASE RETAIN A COPY FOR YOUR RECORDS.

If an amount is identified above, you have a claim scheduled by the Debtor. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.

Proof of Claim

Official Form 410

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571

This chapter 11 case was commenced in the United States Bankruptcy Court for the Eastern District of NY, on November 29, 2016 (the "Petition Date.") Fill in all the information for the claim as of the Petition Date.

Part 1: Identify the Claim

1. Who is the current creditor?	BRI-TECH, INC Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	4 No Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? BRI-TECH, INC Name 829 LINCOLN AVENUE Number Street BOHEMIA, NY 11716 City State ZIP Code Contact phone (631) 563-8000 Contact email DEBRAH@BRI-TECH.COM	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
4. Does this claim amend one already filed	4 No Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM/DD/YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	4 No Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6.	Do you have any number you use to identify the debtor?	4 No	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7.	How much is the claim?	\$ 10,544.50	Does this amount include interest or other charges? 4 No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. Security Monitoring Services	
9.	Is all or part of the claim secured?	4 No	Yes. The claim is secured by a lien on property. Nature of property: Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . Motor vehicle Other. Describe: _____ Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded). Value of property: \$ _____ Amount of the claim that is secured: \$ 0.00 Amount of the claim that is unsecured: \$ 10,544.50 (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ Fixed Variable
10.	Is this claim based on a lease?	4 No	Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11.	Is this claim subject to a right of setoff?	4 No	Yes. Identify the property: _____
12.	Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	4 No	<div style="display: flex; justify-content: space-between;"><div style="width: 70%;">Yes. Check all that apply: A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority. Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). Other. Specify subsection of 11 U.S.C. § 507(a)() that applies. * Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.</div><div style="width: 25%; text-align: right;">Amount entitled to priority \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____</div></div>

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

Check the appropriate box:

☐ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

A person who files fraudulent claim could be fined up to \$500,000 imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/02/2017
MM / DD / YYYY

Brian McAuliff

Signature

Print the name of the person who is completing and signing this claim:

Name **Brian McAuliff**
First name Middle name Last name

Title **President**

Company **Bri-Tech, Inc.**
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address **8298 Lincoln Ave**
Number Street

BOHEMIA, NY 11716
City State ZIP Code

Contact phone **(631) 563-8000** Email **DebraH@Bri-Tech.com**

IF SUBMITTING A HARD COPY OF A PROOF OF CLAIM FORM, PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** DOWLING COLLEGE CASE ADMINISTRATION, C/O GCG, P.O. BOX 10342, DUBLIN, OHIO 43017-5542. **IF BY HAND OR OVERNIGHT COURIER:** DOWLING COLLEGE CASE ADMINISTRATION, C/O GCG, 5151 BLAZER PARKWAY, SUITE A, DUBLIN, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

IF YOU ARE SUBMITTING YOUR PROOF OF CLAIM ELECTRONICALLY, YOU WILL RECEIVE AN EMAIL CONFIRMATION OF YOUR CLAIM SUBMISSION. YOU WILL ALSO BE PROVIDED WITH AN ELECTRONICALLY DATE STAMPED PDF OF YOUR CLAIM. YOU MAY PRINT AND RETAIN A COPY OF THIS DOCUMENT FOR YOUR RECORDS.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS MARCH 10, 2017 AT 5:00 P.M. (PREVAILING EASTERN TIME)
THE GOVERNMENTAL BAR DATE IS MAY 30, 2017 AT 5:00 P.M. (PREVAILING EASTERN TIME)

Official Form 41

Instructions for Proof of Claim

United States Bankruptcy Court

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, Garden City Group, LLC ("GCG"), are not authorized and are not providing you with any legal advice.

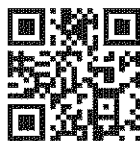
A person who files a fraudulent claim could be fined up to \$500,000 imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157 and 3571.

How to fill out this form

- **Fill in all the information for the claim as of the Petition Date.**
- **If the claim has been acquired from someone else, then state the identity of the last party** who owned the claim or was the holder of the claim and who transferred it to you before the initial claim was filed
- **Attach any supporting documents to this form.**
Attach redacted copies of any documents that show that the debt exists, a lien secures the debt, or both. (See the definition of *Redaction* of information in the section below.)
Also attach redacted copies of any documents that show perfection of any security interest or any assignments or transfers of the debt. In addition to the documents, a summary may be added. Federal Rule of Bankruptcy Procedure (called "Bankruptcy Rule") 3001(c) and (d).
- **Do not attach original documents because attachments may be destroyed after scanning.**
- **If the claim is based on delivering health care goods or services, do not disclose confidential health care information. Leave out or redact confidential information both in the claim and in the attached documents.**
- **A Proof of Claim form and any attached documents must show only the last 4 digits of any social security number, individual's tax identification number, or financial account number, and only the year of any person's date of birth.** See Bankruptcy Rule 9037.
- **For a minor child, fill in only the child's initials and the full name and address of the child's parent or guardian.** For example, write *A.B., a minor child (John Doe, parent, 123 Main St., City, State)*. See Bankruptcy Rule 9037.

Confirmation that the claim has been filed

To receive confirmation that the claim has been filed, enclose a stamped self-addressed envelope and a copy of this form. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed. You will also be able to view the details of your claim and the first page of your *Proof of Claim* form on the claims register hosted on the case administration website, www.gardencitygroup.com/cases/dco.



Understand the terms used in this form

Administrative expense: Generally, an expense that arises after a bankruptcy case is filed in connection with operating, liquidating, or distributing the bankruptcy estate. 11 U.S.C. § 503.

Claim: A creditor's right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (5). A claim may be secured or unsecured.

Creditor: A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (10).

Debtor: A person, corporation, or other entity who is in bankruptcy. Use the debtor's name and case number as shown in the bankruptcy notice you received. 11 U.S.C. § 101 (13).

Evidence of perfection: Evidence of perfection of a security interest may include documents showing that a security interest has been filed or recorded, such as a mortgage, lien, certificate of title, or financing statement.

Information that is entitled to privacy: A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth. If a claim is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. You may later be required to give more information if the trustee or someone else in interest objects to the claim.

Priority claim: A claim within a category of unsecured claims that is entitled to priority under 11 U.S.C. § 507(a). These claims are paid from the available money or property in a bankruptcy case before other unsecured claims are paid. Common priority unsecured claims include alimony, child support, taxes, and certain unpaid wages.

Proof of claim: A form used by the creditor to indicate the amount of the debt owed by the Debtor on the date of the bankruptcy filing. The creditor must file the form with GCG as described in the instructions above and in the Bar Date Notice.

Redaction of information: *Masking, editing out, or deleting certain information to protect privacy. Filers must redact or leave out information entitled to privacy on the Proof of Claim form and any attached documents.*

Secured claim under 11 U.S.C. § 506(a): A claim backed by a lien on particular property of the debtor. A claim is secured to the extent that a creditor has the right to be paid from the property before other creditors are paid. The amount of a secured claim usually cannot be more than the value of the particular property on which the creditor has a lien. Any amount owed to a creditor that is more than the value of the property normally may be an unsecured claim. But exceptions exist; for example, see 11 U.S.C. § 1322(b) and the final sentence of 1325(a).

Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment may be a lien.

Setoff: Occurs when a creditor pays itself with money belonging to the debtor that it is holding, or by canceling a debt it owes to the debtor.

Uniform claim identifier: An optional 24-character identifier that some creditors use to facilitate electronic payment.

Unsecured claim: A claim that does not meet the requirements of a secured claim. A claim may be unsecured in part to the extent that the amount of the claim is more than the value of the property on which a creditor has a lien.

Display of Proof of Claim on Case Administration Website: As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

Offers to purchase a claim

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the debtor. A creditor has no obligation to sell its claim. However, if a creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) that apply, and any orders of the bankruptcy court that apply.

Do not file these instructions with your form

3/2/17 at 16:15:15.92

Page: 1

**2012Bri-Tech
Aged Receivables
As of Mar 2, 2017**

Filter Criteria includes: 1) IDs: Dowling-Oakdale; 2) Includes Drop Shipments. Report order is by ID. Report is printed in Detail Format.

Customer ID Customer Bill To Contact Telephone 1	Invoice/CM	0 - 30	31 - 60	61 - 90	Over 90 days	Amount Due	Date
Dowling-Oakdale	9464				713.00	713.00	7/15/15
Dowling College	10218				713.00	713.00	11/15/15
Mark Carattini	10221				250.00	250.00	11/17/15
244-3291/774-4136 MC	10327				713.00	713.00	12/15/15
	10656				713.00	713.00	1/15/16
	10770				713.00	713.00	2/15/16
	10883				713.00	713.00	3/15/16
	10943				312.50	312.50	3/30/16
	11178				713.00	713.00	4/15/16
	11281				713.00	713.00	5/15/16
	11475				713.00	713.00	6/21/16
	11789				713.00	713.00	7/15/16
	12073				713.00	713.00	9/15/16
	12074				713.00	713.00	9/15/16
	12384				713.00	713.00	10/15/16
	12500				713.00	713.00	11/15/16
Dowling-Oakdale					10,544.50	10,544.50	
Dowling College							
Report Total					10,544.50	10,544.50	

CLAIM NO. 75



TO OUR VALUED CUSTOMER: This Lease has been written in "Plain English." When we use the words *you* and *your* in this Lease, we mean *you, our customer*, which is the Lessee indicated below. When we use the words *we*, *us* and *our* in this Lease, we mean the Lessor, **CIT Finance LLC**.

Our address is 10201 Centurion Parkway N. #100, Jacksonville, FL 32256. Phone 1-800-627-9876.

FORM AFS-LA-DS 02/09 CAR Page 1 of 2

CUSTOMER INFORMATION	Lessee Name		Tax ID #
	DOWLING COLLEGE		Tax Exempt #
	Billing Street Address/City/County/State/Zip	Phone No.	Lease # E700149
	150 Idle Hour Boulevard, Oakdale, Suffolk NY 11769	(516) 244-5000	
	Equipment Location Street Address/City/County/State/Zip	Phone No.	Schedule # 00040
	150 Idle Hour Boulevard, Oakdale, Suffolk, NY 11769	(516) 244-5000	
SUPPLIER INFORMATION	Supplier Name ("Supplier")		Equipment Description
	CAROUSEL INDUSTRIES OF NORTH AMERICA, INC.		IP OFFICE (IP500)

END OF LEASE (Check one applicable box. If no box is checked, or if more than one box is checked, the Fair Market Value Purchase Option will apply).			Plus Applicable Taxes
PURCHASE	<input type="checkbox"/>	Fair Market Value Purchase Option	
OPTION	<input checked="" type="checkbox"/>	Fixed Price Purchase Option of <u>\$1.00</u>	
	<input type="checkbox"/>	Fixed Price Purchase Option of <u> </u> % of the Total Cash Price	

TERM AND LEASE PAYMENT SCHEDULE	Lease Term (Months)	Lease Payment	Documentation Fee	You agree to pay at the time you sign this Lease: 0 Lease Payment(s) in advance (\$0.00), plus the Documentation Fee, if applicable. If more than one Lease Payment is required in advance, the additional amount will be applied at the end of the original term.	Plus Applicable Taxes
	24	\$972.20	\$0.00		
Additional Provisions: If the Equipment configuration reflected in the Supplier's invoice differs from the configuration upon which our pricing was based, we may, (1) with your approval, adjust the Lease Payments, or (2) decline to enter into this Lease.					

INSURANCE AND TAXES You are required to provide and maintain insurance related to the Equipment, and to pay any property, use and other taxes related to this Lease or the Equipment. These obligations are set forth in Article 7 of this Lease. If you are not licensed, you cannot be licensed or with satisfactory completion of your education.

[illegible][illegible]

DOWLING COLLEGE
Lesseo
X *[Signature]*
Authorized Signature
TERRY CORNUO, CFO
Print Name & Title
Date 1/23/15

CIT FINANCE LLC
Lessor
X
Authorized Signatory
Authorized Signatory
Print Name & Title
Date

PERSONAL AND CONTINUING GUARANTY

THIS PERSONAL AND CONTINUING GUARANTY ("GUARANTY") CREATES SPECIFIC LEGAL OBLIGATIONS. When we use the words you and your in this Guaranty, we mean the Personal Guarantor(s) indicated below. When we use the words we, us or our in this Guaranty, we mean the Lessor indicated in the lease agreement identified above ("Lessor"). In consideration of your entering into the Lease, you have unconditionally and irrevocably guaranteed to our successors and assigns the prompt payment and performance of all obligations ("Guaranteed Obligations") of the Lessee and any of our other existing or future lease agreements between us and the Lessee identified in the lease above. Your agreement to this is a guaranty of payment and not of collection, and that we can proceed directly against you without first proceeding against the Lessee or against the equipment covered by the lease above. You warrant that you are the owner of the personal collateral, and that we can proceed directly against you without first proceeding against the Lessee or against the equipment covered by the terms of the Lease and all existing or future lease agreements and you will be bound by such changes. If we fail or delay to perfect or continue the perfection of any security interest in the equipment or any other collateral, you will not be released or discharged of or from any of the Guaranteed Obligations. If the Lessee defaults under any existing or future lease agreements with us, you will immediately perform all of the Guaranteed Obligations, including, but not limited to, paying all amounts due under the Lease. You will pay to us all expenses (including attorneys' fees) incurred by us in enforcing our rights against you or the Lessee. This is a continuing guaranty that will not be revoked or terminated by you so long as any amount is owed to us under any existing or future lease agreements, will not be discharged or affected by your death and will bind your heirs and personal representatives. You waive any right to seek repayment from the Lessee in the event you must pay us. If more than one personal guarantor has signed this Guaranty, each of you agree that your liability is joint and several. You authorize us or any of our affiliates to obtain credit bureau reports regarding your personal credit and make other credit inquiries that we determine are necessary on an ongoing basis so long as the Guaranteed Obligations are outstanding.

IF A SIGNED COPY OF THIS GUARANTY IS DELIVERED TO US BY FACSIMILE TRANSMISSION, YOU AGREE THAT, NOTWITHSTANDING ANY RULE OF EVIDENCE TO THE CONTRARY, IN ANY HEARING, TRIAL OR PROCEEDING OF ANY KIND WITH RESPECT TO THIS GUARANTY, WE MAY PRODUCE A COPY OF THE DOCUMENT TRANSMITTED TO US AND SUCH COPY SHALL BE DEEMED TO BE AN ORIGINAL. YOU REPRESENT, AND ACKNOWLEDGE THAT WE ARE RELYING ON YOUR REPRESENTATION, THAT THIS GUARANTY IS COMPLETE AND LEGIBLE AND HAS NOT BEEN CHANGED. TO THE EXTENT THAT ANY PROVISIONS ARE CHANGED (AND NOT INITIALED BY BOTH YOU AND US), YOU AGREE TO BE BOUND BY THE TERMS OF THE GUARANTY THAT IS PART OF OUR STANDARD FORM AFS-LA-DS 82/98 CAR. THIS GUARANTY IS GOVERNED BY THE LAWS OF THE STATE OF NEW JERSEY. YOU CONSENT TO THE JURISDICTION OF ANY COURT LOCATED WITHIN THAT STATE. BOTH YOU AND WE EXPRESSLY WAIVE ANY RIGHT TO A TRIAL BY JURY.

Personal Guarantor (no title)	Date
Print Name	Social Security No.
Home Street Address/City/State/Zip	Phone No.

Personal Guarantor (no title)	Date
Print Name	Social Security No.
Home Street Address (City/State/Zip)	Phone No.

1. (Continued) However, if the Total Cash Price exceeds the amount approved by us, we will not be obligated to purchase or lease the Equipment. If any Lease Payment or other amount payable to us is not paid within 10 days of its due date, you will pay us a late charge equal to the greater of (i) 5% of each late payment or (ii) \$5.00 for each late payment, plus interest at the rate of 1 1/4% per month on any such amounts (or such lesser amount as is the maximum amount allowable under applicable law). The lease rate factor used to calculate the Lease Payment of your Lease is fixed on the date your Lease begins. Until then, it is subject to change commensurate with an increase greater than 25 basis points in the like term U.S. Treasury Note (as published by *The Wall Street Journal*) from the earlier of the date lease pricing was quoted or the date your Lease application was initially entered into our system.

2. **NO WARRANTIES.** We are leasing the Equipment to you "AS-IS." YOU ACKNOWLEDGE THAT WE DO NOT MANUFACTURE THE EQUIPMENT, WE DO NOT REPRESENT THE MANUFACTURER OR THE SUPPLIER, AND YOU HAVE SELECTED THE EQUIPMENT AND THE SUPPLIER BASED UPON YOUR OWN JUDGMENT. WE MAKE NO WARRANTIES, EXPRESS OR IMPLIED, INCLUDING WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE OR OTHERWISE. YOU AGREE THAT REGARDLESS OF CAUSE, WE ARE NOT RESPONSIBLE FOR AND YOU WILL NOT ASSERT ANY CLAIM AGAINST US FOR ANY DAMAGES, WHETHER CONSEQUENTIAL, DIRECT, SPECIAL, OR INDIRECT. YOU AGREE THAT NEITHER THE SUPPLIER NOR ANY SALESPERSON, EMPLOYEE OR AGENT OF THE SUPPLIER IS OUR AGENT OR HAS ANY AUTHORITY TO SPEAK FOR US OR TO BIND US IN ANY WAY. We transfer to you for the term of this Lease any warranties made by the manufacturer or the Supplier under a Supply Contract.

3. **EQUIPMENT LOCATION; USE AND REPAIR; RETURN.** You will keep and use the Equipment only at the Equipment Location shown on Page 1 of this Lease. You may not move the Equipment without our prior written consent. At your own cost and expense, you will keep the Equipment eligible for any manufacturer's certification, in compliance with all applicable laws and in good repair, condition and working order, except for ordinary wear and tear. You will not make any alterations, additions or replacements to the Equipment without our prior written consent. All alterations, additions and replacements will become part of the Equipment and our property at no cost or expense to us. We may inspect the Equipment at any reasonable time. Unless this Lease is renewed or you purchase the Equipment in accordance with this Lease, at the end of this Lease you will immediately deliver the Equipment to us in as good condition as when you received it, except for ordinary wear and tear, to any place in the United States that we tell you. You will pay all expenses of disinstalling, crating and shipping, and you will insure the Equipment for its full replacement value during shipping.

4. **TAXES AND FEES.** You will pay when due, either directly or to us upon our demand, all taxes, fines and penalties relating to this Lease or the Equipment that are now or in the future assessed or levied by any state, local or other government authority. We will file all personal property, use or other tax returns (unless we notify you otherwise in writing) and you agree to pay us a fee for making such filings. We do not have to contest any taxes, fines or penalties. You will pay estimated property taxes with each Lease Payment or annually, as invoiced.

5. **LOSS OR DAMAGE.** As between you and us, you are responsible for any loss, theft or destruction of, or damage to, the Equipment (collectively "Loss") from any cause at all, whether or not insured, until it is delivered to us at the end of this Lease. You are required to make all Lease Payments even if there is a Loss. You must notify us in writing immediately of any Loss. Then, at our option, you will either (a) repair the Equipment so that it is in good condition and working order, eligible for any manufacturer's certification, or (b) pay us the amounts specified in Section 9(b) below.

6. **INSURANCE.** You will provide and maintain at your expense (a) property insurance against the loss, theft or destruction of, or damage to, the Equipment for its full replacement value, naming us as loss payee, and (b) public liability and third party property insurance, naming us as an additional insured. You will give us certificates or other evidence of such insurance when requested. Such insurance will be in a form, amount and with companies acceptable to us, and will provide that we will be given 30 days advance notice of any cancellation or material change of such insurance. If you do not give us evidence of insurance acceptable to us, we have the right, but not the obligation, to obtain insurance covering our interest in the Equipment for the term of this Lease, including any renewals or extensions, from an insurer of our choice, including an insurer that is our affiliate. We may add the costs of acquiring and maintaining such insurance and our fees for our services in placing and maintaining such insurance (collectively, "Insurance Charge") to the amounts due from you under this Lease. You will pay the Insurance Charge in equal installments allocated to the remaining Lease Payments. If we purchase insurance, you will cooperate with our insurance agent with respect to the placement of insurance and the processing of claims. Nothing in this Lease will create an insurance relationship of any type between us and any other person. You acknowledge that we are not required to secure or maintain any insurance, and we will not be liable to you if we terminate any insurance coverage that we arrange. If we replace or renew any insurance coverage, we are not obligated to provide replacement or renewal coverage under the same terms, costs, limits, or conditions as the previous coverage.

7. **TITLE; RECORDING.** We are the owner of and will hold title to the Equipment. You will keep the Equipment free of all liens and encumbrances. Unless the Purchase Option is \$1.00, you agree that this transaction is a true lease and you hereby authorize us or our agent to file a financing statement to give public notice of our ownership of the Equipment and other property (including, without limitation, our interests in all software, and in any credit or refund due you from the Supplier or the service provider, as applicable, for any prepaid maintenance or services). However, if this transaction is deemed to be a lease intended for security, you grant us a purchase money security interest in the Equipment (including any replacements, substitutions, additions, attachments, receivables and proceeds) and authorize us or our agent to file a financing statement or any other documents we deem necessary to perfect or protect our interest in the Equipment and other property.

8. **DEFAULT.** Each of the following is a "Default" under this Lease: (a) you fail to pay any Lease Payment or any other payment within 10 days of its due date, (b) you do not perform any of your other obligations under this Lease or in any other agreement with us or with any of our affiliates and this failure continues for 10 days after we have notified you of it, (c) you become insolvent, you dissolve or are dissolved, or you assign your assets for the benefit of your creditors, or enter (voluntarily or involuntarily) any bankruptcy or reorganization proceeding, or (d) any guarantor of this Lease dies, does not perform its obligations under the guaranty, or becomes subject to one of the events listed in clause (c) above.

9. **REMEDIES.** If a Default occurs, we may do one or more of the following: (a) we may cancel or terminate this Lease or any or all other agreements that we have entered into with you or withdraw any offer of credit; (b) we may require you to immediately pay us, as compensation for loss of our bargain and not as a penalty, a sum equal to (i) the present value of all unpaid Lease Payments for the remainder of the term plus the present value of our anticipated residual interest in the Equipment, each discounted at 5% per year, compounded monthly, plus (ii) all other amounts due or that become due under this Lease; (c) we may require you to deliver the Equipment to us as set forth in Section 3; (d) we or our agent may peacefully repossess the Equipment without court order and you will not make any claims against us for damages or trespass or any other reason; (e) we may request that the Supplier or the service provider, as applicable, terminate the maintenance or services contract and obtain a refund from the Supplier or the service provider, as applicable, for any prepaid maintenance or services and apply it to any amounts that you owe us; and (f) we may exercise any other right or remedy available at law or in equity. You agree to pay all of our costs of enforcing our rights against you, including reasonable attorneys' fees. If we take possession of the Equipment, we may sell or otherwise dispose of it with or without notice, at a public or private sale, and apply the net proceeds (after we have deducted all costs related to the sale or disposition of the Equipment) to the amounts that you owe us. You agree that if notice of sale is required by law to be given, 10 days' notice will constitute reasonable notice. You will remain responsible for any amounts that are due after we have applied such net proceeds.

10. **FINANCE LEASE STATUS.** You agree that if Article 2A-Leases of the Uniform Commercial Code applies to this Lease, this Lease will be considered a "finance lease" as that term is defined in Article 2A. By signing this Lease, you agree that either (a) you have reviewed, approved, and received, a copy of the Supply Contract or (b) that we have informed you of the identity of the Supplier, that you may have rights under the Supply Contract, and that you may contact the Supplier for a description of those rights. TO THE EXTENT PERMITTED BY APPLICABLE LAW, YOU WAIVE ANY AND ALL RIGHTS AND REMEDIES CONFERRED UPON A LESSEE BY ARTICLE 2A.

11. **ASSIGNMENT. YOU MAY NOT ASSIGN, SELL, TRANSFER OR SUBLEASE THE EQUIPMENT OR YOUR INTEREST IN THIS LEASE.** We may, without notifying you, sell, assign, or transfer this Lease or our rights in the Equipment. You agree that the new owner will have the same rights and benefits that we have now under this Lease but not our obligations. The rights of the new owner will not be subject to any claim, defense or setoff that you may have against us.

12. **PURCHASE OPTION; AUTOMATIC RENEWAL.** If no Default exists under this Lease, you will have the option at the end of the original or any renewal term to purchase all (but not less than all) of the Equipment at the Purchase Option price shown on Page 1 of this Lease, plus any applicable taxes. Unless the Purchase Option price is \$1.00, you must give us at least 90 days written notice before the end of the original or any renewal term that you will purchase the Equipment or that you will deliver the Equipment to us and you are responsible for all Lease Payments due or that become due under this Lease until you purchase or deliver the Equipment in accordance with the terms and conditions of this Lease. If you do not give us such written notice or if you do not purchase or deliver the Equipment in accordance with the terms and conditions of this Lease, this Lease will automatically renew for successive 90 day terms until you deliver the Equipment to us or we terminate this Lease by 10 days' written notice to you. During such renewal(s) the Lease Payment will remain the same. If the Fair Market Value Purchase Option has been selected, we will use our reasonable judgment to determine the Equipment's fair market value (on a retail basis and in place). If you do not agree with our determination of the Equipment's fair market value, the fair market value (on a retail basis and in place) will be determined at your expense by an independent appraiser selected by us. Upon payment of the Purchase Option price, we shall transfer our interest in the Equipment to you "AS-IS, WHERE-IS" without any representation or warranty whatsoever and this Lease will terminate.

13. **INDEMNIFICATION.** You are responsible for any losses, damages, penalties, claims, suits and actions (collectively "Claims"), whether based on a theory of strict liability or otherwise caused by or related to (a) the manufacture, installation, ownership, use, lease, possession, or delivery of the Equipment or (b) any defects in the Equipment. You agree to reimburse us for and, if we request, to defend us against any Claims.

14. **CREDIT AND FINANCIAL INFORMATION. YOU AUTHORIZE US OR ANY OF OUR AFFILIATES TO OBTAIN CREDIT BUREAU REPORTS, AND MAKE OTHER CREDIT INQUIRIES THAT WE DETERMINE ARE NECESSARY. ON YOUR WRITTEN REQUEST, WE WILL INFORM YOU WHETHER WE HAVE REQUESTED A CONSUMER CREDIT REPORT AND THE NAME AND ADDRESS OF ANY CONSUMER CREDIT REPORTING AGENCY THAT FURNISHED A REPORT. YOU ACKNOWLEDGE THAT WITHOUT FURTHER NOTICE WE MAY USE OR REQUEST ADDITIONAL CREDIT BUREAU REPORTS TO UPDATE OUR INFORMATION SO LONG AS YOUR OBLIGATIONS TO US ARE OUTSTANDING. IF REQUESTED BY US, YOU WILL PROVIDE US WITH YOUR MOST RECENT FINANCIAL STATEMENTS.**

15. **LEASING ADDITIONAL EQUIPMENT.** You may request us to lease additional equipment to you by sending us a purchase order or by contacting us or the Supplier by telephone or in writing. If the total cost of such additional equipment ("Additional Equipment") is \$25,000 or less and if we agree to lease such Additional Equipment to you, we will signify our agreement by preparing and sending to you a writing ("Additional Lease") describing the Additional Equipment and specifying the amount and frequency of the Lease Payments, the Lease Term, the Purchase Option and such other terms and conditions that apply to such lease. YOU AGREE THAT IF WE DO NOT RECEIVE A WRITTEN OBJECTION TO THE ADDITIONAL LEASE FROM YOU WITHIN 10 DAYS AFTER THE DATE OF THE ADDITIONAL LEASE, YOU WILL BE DEEMED TO HAVE IRREVOCABLY ACCEPTED THE ADDITIONAL EQUIPMENT AND AGREED THAT, EXCEPT AS OTHERWISE SPECIFIED IN THE ADDITIONAL LEASE, SUCH ADDITIONAL LEASE SHALL BE GOVERNED BY ALL OF THE TERMS AND CONDITIONS OF THIS LEASE.

16. **MISCELLANEOUS.** You agree that the terms and conditions contained in this Lease make up the entire agreement between you and us regarding the lease of the Equipment. This Lease is not binding on us until we sign it. Any change in any of the terms and conditions of this Lease must be in writing and signed by you and us. You agree, however, that we are authorized, without notice to you, to supply missing information or correct obvious errors in this Lease. If we delay or fail to enforce any of our rights under this Lease, we will still be entitled to enforce those rights at a later time. All notices shall be given in writing by the party sending the notice and shall be effective when deposited in the U.S. Mail, addressed to the party receiving the notice at its address shown on Page 1 of this Lease (or to any other address specified by that party in writing) with first class postage prepaid. All of our rights and remedies will survive the termination of this Lease. It is the express intent of the parties not to violate any applicable usury laws or to exceed the maximum amount of time price differential or interest, as applicable, permitted to be charged or collected by applicable law, and any such excess payment will be applied to Lease Payments in inverse order of maturity, and any remaining excess will be refunded to you. If you do not perform any of your obligations under this Lease, we have the right, but not the obligation, to take any action or pay any amounts that we believe are necessary to protect our interests. You agree to reimburse us immediately upon our demand for any such amounts that we pay. You will not terminate, cancel, or request a refund from the Supplier or the service provider, as applicable, for any prepaid maintenance or services included in this Lease and if you do receive a refund from the Supplier or the service provider, as applicable, you will hold those monies in trust for our benefit and not commingle the refund with any of your other funds and you will remit the refund to us upon our request. IF A SIGNED COPY OF THIS LEASE IS DELIVERED TO US BY FACSIMILE TRANSMISSION, IT WILL BE BINDING ON YOU. HOWEVER, WE WILL NOT BE BOUND BY THIS LEASE UNTIL WE ACCEPT IT BY MANUALLY SIGNING IT OR BY PURCHASING THE EQUIPMENT SUBJECT TO THE LEASE, WHICHEVER OCCURS FIRST. YOU WAIVE NOTICE OF OUR ACCEPTANCE. YOU AGREE THAT, NOTWITHSTANDING ANY RULE OF EVIDENCE TO THE CONTRARY, IN ANY HEARING, TRIAL OR PROCEEDING OF ANY KIND WITH RESPECT TO THIS LEASE, WE MAY PRODUCE A COPY OF THE LEASE TRANSMITTED TO US BY FACSIMILE TRANSMISSION THAT HAS BEEN MANUALLY SIGNED BY US AND SUCH SIGNED COPY SHALL BE DEEMED TO BE THE ORIGINAL OF THE LEASE. TO THE EXTENT (IF ANY) THAT THIS LEASE CONSTITUTES CHATTEL PAPER UNDER THE UNIFORM COMMERCIAL CODE, NO SECURITY INTEREST IN THIS LEASE MAY BE CREATED THROUGH THE TRANSFER AND POSSESSION OF ANY COPY OR COUNTERPART HEREOF EXCEPT THE COPY WITH OUR ORIGINAL SIGNATURE. IF YOU DELIVER THIS LEASE TO US BY FACSIMILE TRANSMISSION, YOU ACKNOWLEDGE THAT WE ARE RELYING ON YOUR REPRESENTATION THAT THIS LEASE HAS NOT BEEN CHANGED. If more than one Lessee has signed this Lease, each of you agree that your liability is joint and several.

UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF NEW YORK

Name of Debtor:
Dowling CollegeCase No.
16-75545

* P - DCO - POC / 1 *

Your Claim is Scheduled As Follows:**IF YOU HAVE SUBMITTED THIS PROOF OF CLAIM FORM ELECTRONICALLY, YOU DO NOT NEED TO SUBMIT THIS FORM. PLEASE RETAIN A COPY FOR YOUR RECORDS.**

If an amount is identified above, you have a claim scheduled by the Debtor. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.

Proof of Claim

Official Form 410

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571

This chapter 11 case was commenced in the United States Bankruptcy Court for the Eastern District of NY, on November 29, 2016 (the "Petition Date.") Fill in all the information for the claim as of the Petition Date.

Part 1: Identify the Claim

1. Who is the current creditor?	CIT FINANCE, LLC Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	4 No Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Contact phone _____ Contact email _____	Where should payments to the creditor be sent? (if different) Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Contact phone _____ Contact email _____
4. Does this claim amend one already filed	4 No Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM/DD/YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	4 No Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6.	Do you have any number you use to identify the debtor?	No	⁴ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>0 1 4 9</u>																
7.	How much is the claim?	\$ <u>10,504.34</u>	Does this amount include interest or other charges? ⁴ No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).																
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. Lease for Avaya IP500 Telephone System																	
9.	Is all or part of the claim secured?	⁴ No Yes. The claim is secured by a lien on property. Nature of property: Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . Motor vehicle Other. Describe: _____ Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded). Value of property: \$ _____ Amount of the claim that is secured: \$ <u>0.00</u> Amount of the claim that is unsecured: \$ <u>10,504.34</u> (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ Fixed Variable																	
10.	Is this claim based on a lease?	No ⁴ Yes. Amount necessary to cure any default as of the date of the petition. \$ <u>6,315.23</u>																	
11.	Is this claim subject to a right of setoff?	⁴ No Yes. Identify the property: _____																	
12.	Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	⁴ No Yes. Check all that apply: <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 60%;"></th><th style="width: 40%; text-align: right;">Amount entitled to priority</th></tr></thead><tbody><tr><td>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</td><td></td></tr><tr><td>Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</td><td style="text-align: right;">\$ _____</td></tr><tr><td>Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).</td><td style="text-align: right;">\$ _____</td></tr><tr><td>Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).</td><td style="text-align: right;">\$ _____</td></tr><tr><td>Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).</td><td style="text-align: right;">\$ _____</td></tr><tr><td>Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).</td><td style="text-align: right;">\$ _____</td></tr><tr><td>Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.</td><td style="text-align: right;">\$ _____</td></tr></tbody></table> <small>* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.</small>			Amount entitled to priority	A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.		Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____	Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____	Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____	Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____	Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____	Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$ _____
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Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____																		
Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$ _____																		

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files fraudulent claim could be fined up to \$500,000 imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 01/29/2017
MM / DD / YYYY

Amy Tate

Signature

Print the name of the person who is completing and signing this claim:

Name Amy Tate
First name Middle name Last name

Title VP Portfolio Servicing

Company CIT FINANCE, LLC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address PO Box 593007
Number Street

SAN ANTONIO, TX 78259
City State ZIP Code

Contact phone (210) 382-3201 Email BkLegalEagle@aol.com

IF SUBMITTING A HARD COPY OF A PROOF OF CLAIM FORM, PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** DOWLING COLLEGE CASE ADMINISTRATION, C/O GCG, P.O. BOX 10342, DUBLIN, OHIO 43017-5542. **IF BY HAND OR OVERNIGHT COURIER:** DOWLING COLLEGE CASE ADMINISTRATION, C/O GCG, 5151 BLAZER PARKWAY, SUITE A, DUBLIN, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

IF YOU ARE SUBMITTING YOUR PROOF OF CLAIM ELECTRONICALLY, YOU WILL RECEIVE AN EMAIL CONFIRMATION OF YOUR CLAIM SUBMISSION. YOU WILL ALSO BE PROVIDED WITH AN ELECTRONICALLY DATE STAMPED PDF OF YOUR CLAIM. YOU MAY PRINT AND RETAIN A COPY OF THIS DOCUMENT FOR YOUR RECORDS.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS MARCH 10, 2017 AT 5:00 P.M. (PREVAILING EASTERN TIME)
THE GOVERNMENTAL BAR DATE IS MAY 30, 2017 AT 5:00 P.M. (PREVAILING EASTERN TIME)

Official Form 41

Instructions for Proof of Claim

United States Bankruptcy Court

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, Garden City Group, LLC ("GCG"), are not authorized and are not providing you with any legal advice.

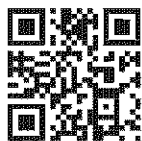
A person who files a fraudulent claim could be fined up to \$500,000 imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157 and 3571.

How to fill out this form

- **Fill in all the information for the claim as of the Petition Date.**
- **If the claim has been acquired from someone else, then state the identity of the last party** who owned the claim or was the holder of the claim and who transferred it to you before the initial claim was filed
- **Attach any supporting documents to this form.**
Attach redacted copies of any documents that show that the debt exists, a lien secures the debt, or both. (See the definition of *Redaction* of information in the section below.)
Also attach redacted copies of any documents that show perfection of any security interest or any assignments or transfers of the debt. In addition to the documents, a summary may be added. Federal Rule of Bankruptcy Procedure (called "Bankruptcy Rule") 3001(c) and (d).
- **Do not attach original documents because attachments may be destroyed after scanning.**
- **If the claim is based on delivering health care goods or services, do not disclose confidential health care information. Leave out or redact confidential information both in the claim and in the attached documents.**
- **A Proof of Claim form and any attached documents must show only the last 4 digits of any social security number, individual's tax identification number, or financial account number, and only the year of any person's date of birth.** See Bankruptcy Rule 9037.
- **For a minor child, fill in only the child's initials and the full name and address of the child's parent or guardian.** For example, write *A.B., a minor child (John Doe, parent, 123 Main St., City, State)*. See Bankruptcy Rule 9037.

Confirmation that the claim has been fil

To receive confirmation that the claim has been filed, enclose a stamped self-addressed envelope and a copy of this form. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed. You will also be able to view the details of your claim and the first page of your *Proof of Claim* form on the claims register hosted on the case administration website, www.gardencitygroup.com/cases/dco.



Understand the terms used in this form

Administrative expense: Generally, an expense that arises after a bankruptcy case is filed in connection with operating, liquidating, or distributing the bankruptcy estate. 11 U.S.C. § 503.

Claim: A creditor's right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (5). A claim may be secured or unsecured.

Creditor: A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (10).

Debtor: A person, corporation, or other entity who is in bankruptcy. Use the debtor's name and case number as shown in the bankruptcy notice you received. 11 U.S.C. § 101 (13).

Evidence of perfection: Evidence of perfection of a security interest may include documents showing that a security interest has been filed or recorded, such as a mortgage, lien, certificate of title, or financing statement.

Information that is entitled to privacy: A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth. If a claim is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. You may later be required to give more information if the trustee or someone else in interest objects to the claim.

Priority claim: A claim within a category of unsecured claims that is entitled to priority under 11 U.S.C. § 507(a). These claims are paid from the available money or property in a bankruptcy case before other unsecured claims are paid. Common priority unsecured claims include alimony, child support, taxes, and certain unpaid wages.

Proof of claim: A form used by the creditor to indicate the amount of the debt owed by the Debtor on the date of the bankruptcy filing. The creditor must file the form with GCG as described in the instructions above and in the Bar Date Notice.

Redaction of information: *Masking, editing out, or deleting certain information to protect privacy. Filers must redact or leave out information entitled to privacy on the Proof of Claim form and any attached documents.*

Secured claim under 11 U.S.C. § 506(a): A claim backed by a lien on particular property of the debtor. A claim is secured to the extent that a creditor has the right to be paid from the property before other creditors are paid. The amount of a secured claim usually cannot be more than the value of the particular property on which the creditor has a lien. Any amount owed to a creditor that is more than the value of the property normally may be an unsecured claim. But exceptions exist; for example, see 11 U.S.C. § 1322(b) and the final sentence of 1325(a).

Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment may be a lien.

Setoff: Occurs when a creditor pays itself with money belonging to the debtor that it is holding, or by canceling a debt it owes to the debtor.

Uniform claim identifier: An optional 24-character identifier that some creditors use to facilitate electronic payment.

Unsecured claim: A claim that does not meet the requirements of a secured claim. A claim may be unsecured in part to the extent that the amount of the claim is more than the value of the property on which a creditor has a lien.

Display of Proof of Claim on Case Administration Website: As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

Offers to purchase a claim

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the debtor. A creditor has no obligation to sell its claim. However, if a creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) that apply, and any orders of the bankruptcy court that apply.

Do not file these instructions with your form

CLAIM NO. 53



Fill in this information to identify the case

Debtor 1 Dowling College

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: E.D. District of N.Y.

Case number 16-75545-REG

CLERK
U.S. BANKRUPTCY
EASTERN DISTRICT OF
NEW YORK

2017 JAN 10 A 11:19

RECEIVED

CRT

Official Form 410

FILED - 00053
EASTERN DISTRICT OF NEW YORK
DOWLING COLLEGE

16-75545/HONORABLE JUDGE ROBERT E. GROSSMAN

04/16

Proof of Claim

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1 Identify the Claim

1. Who is the current creditor? Deanna Ocampo for Michelle T. Nohs (deceased)
Name of the current creditor (the person or entity to be paid for this claim)
Other names the creditor used with the debtor Deanna Nohs

2. Has this claim been acquired from someone else?
☒ No
☐ Yes From whom? _____

3. Where should notices and payments to the creditor be sent?
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?				Where should payments to the creditor be sent? (if different)			
<u>Deanna Ocampo</u> Name <u>78 Cullen Ave</u> Number Street <u>Islip NY 11751</u> City State ZIP Code Contact phone <u>631 805 1399</u> Contact email <u>docampo@bellmore-merrick.k12.ny.us</u>				<u>-same-</u> Name Number Street City State ZIP Code Contact phone Contact email			

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?
☒ No
☐ Yes. Claim number on court claims registry (if known) _____ Filed on ____/____/____

5. Do you know if anyone else has filed a proof of claim for this claim?
☒ No
☐ Yes Who made the earlier filing? _____